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ABSTRACT

The case records of 348 homebound clients receiving vocational rehabilitation services from the New York State Homebound Rehabilitation Program were examined to explore attributes of homebound applicants, their rehabilitation experiences, and program outcomes. Data was summarized for characteristics which included age, most common major handicapping conditions, and reasons given for application for vocational rehabilitation service. Also examined were the Ss' current vocational rehabilitation experience, the cost component, and the rehabilitation outcomes; and comparative analysis was undertaken on homebound applicants who achieved different rehabilitation outcomes. Among findings were that homebound applicants were a heterogeneous group in such areas as age, sex, economic status, and vocational interests and capacities, and that homebound applicants who were rehabilitated intc remunerative employment acquired their disabilities at a younger age and tended to spend a shorter period of time moving through the rehabilitation process. (Thirty-nine tables with statistical data are provided.) (SBH)

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THE CHARACTERISTICS AND REHABILITATION EXPERIENCE OF HOMEBOUND APPLICANTS FOR STATE VOCATIONAL REHABILITATION AGENCY SERVICE

A MONOGRAPH OF THE PROGRAMMATIC RESEARCH PROJECT ON THE REHABILITATION OF HOMEBOUND PERSONS

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Among the Components of the Program are:

1. The Rehabilitation Learning Capacities Project
2. The Rehabilitation Disability Prevention Program
3. Higher Horizons for the Homebound
4. The High School Homebound Program
5. The Homebound Employment Program
6. The Homebound Recreation Service
7. The Tri-Eval Vocational Evaluation Center
8. The Training Services Program
9. The Counseling and Placement Service
10. The Rehabilitation Workshop
11. The Industrial Services Department
12. Personal Aides to the Homebound
13. The Research and Development Program, including the National Research Utilization Effort
14. The Advocacy and Community Education Program

Although Federation of the Handicapped is a Local Voluntary Non-Sectarian Agency, its Homebound, Learning Capacities, Disability Prevention, and Research Utilization Activities are national in significance.

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INTRODUCTION

MILTON COHEN
Executive Director
Federation of the Handicapped

More than a generation ago, when other rehabilitation agencies were finding reasons for not serving the homebound, the New York State Office of Vocational Rehabilitation found one good reason for working with this group--their critical need for rehabilitation. Then, as today, programs established with the best of intentions, became bureaucratized and routinized. Thus, throughout the United States, almost as much effort was being expended on organizational self-protection and the preservation of orthodoxy as on helping disabled persons. Despite the fact that helping organizations are subject to conservative pressures, a combination of dynamic leadership, an imaginative staff, and a supportive community brought change to New York State. That change was in the form of innovative vocational rehabilitation services for homebound persons.

As evidence of the intrinsic value of that change, the New York State Office of Vocational Rehabilitation has continued to offer this service and, over the years, to expand and extend it. In doing so, it has broken the back of resistant rehabilitation leaders and workers who long have claimed that state rehabilitation services for the homebound are an impossible dream. As sound, practical, and realistic professionals, the Office of Vocational Rehabilitation administration and the staff do not perceive themselves as flaming radicals or precedent-breakers. On the contrary, they view themselves as typical state rehabilitation agency employees and consider their once-innovative homebound rehabi-

litation program in a matter-of-fact way. To them, homebound clients are like all other clients and homebound rehabilitation is like all other rehabilitation. Indeed, they would be the last to consider the New York State Homebound Rehabilitation Program as remarkable. Yet, it is remarkable!

By serving homebound clients on a day-to-day basis at a reasonable cost and with satisfactory results as measured by rates of case closure as rehabilitated, the New York State Office of Vocational Rehabilitation has taught us that homebound rehabilitation can be converted from an esoteric, strange, and formidable wonderland into a relatively routine rehabilitation problem. The true gift of that Agency has been to "regularize" homebound rehabilitation and to make it relatively routine. Federation of the Handicapped was privileged to work with the New York State Office of Vocational Rehabilitation while this process was occurring. So impressed were we with it, that we assigned our Programmatic Research Project on the Rehabilitation of Homebound Persons to take a closer look at the Office of Vocational Rehabilitation's homebound clientele, rehabilitation experiences, and outcomes. This report briefly summarizes all three.

After you have read it, I believe that you will share the following conclusions with me:

1. Homebound rehabilitation is well within the capacities of state rehabilitation agencies under current legislation and procedures.

2. The outcomes of a state rehabilitation agency homebound rehabilitation service are quite satisfactory in relation to other caseloads.

3. Virtually any other state rehabilitation agency can do the same thing.

If this Study helps to confirm these conclusions in your mind, it will have achieved its purpose. We, in New York State, are firmly committed to this concept and we feel that the data presented in this Monograph support it. If your state rehabilitation agency has not followed New York State in "regularizing" homebound rehabilitation services, do you know why and are you prepared to do something about it?

PREFACE

DR. JAMES F. GARRETT
ASSISTANT ADMINISTRATOR
SOCIAL AND REHABILITATION SERVICE
RESEARCH DEMONSTRATIONS AND TRAINING

The Rehabilitation Act of 1973 makes specific provisions for strengthening Federal-State Rehabilitation Services for the severely disabled, including the Social and Rehabilitation Service. However, long before the passage of this legislation, the Rehabilitation Services Administration, and the various state rehabilitation agencies were providing effective homebound rehabilitation service within the boundaries of earlier rehabilitation enrollments. In fact, over the years, rehabilitation legislation has proven remarkably adaptable to the needs of diverse groups of severely disabled persons. For example, in addition to supporting the Programmatic Research Project on the Rehabilitation of Homebound Persons and other research and demonstration projects concerned with their client group, the Federal-State Rehabilitation Effort has evolved a number of state and local program models for the rehabilitation of homebound clients that have unequivocally proven their worth.

The New York State Office of Vocational Rehabilitation Homebound Service is one of the outstanding programs of this type. For more than three decades, with a minimum of fanfare, the New York State Office of Vocational Rehabilitation has demonstrated day-in and day-out, that very severely disabled individuals can be accommodated within the existing service delivery system. Although reports have been issued from time to time about the New York State Office of Voca-

tional Rehabilitation Program, this publication constitutes the first systematic examination of its processes and outcomes.

As I see it, this Monograph is of great significance to the whole Federal-State Rehabilitation Program because evidence is presented that homebound clients are being routinely rehabilitated under a state agency service plan that can be used elsewhere. This leads to the conclusion that other state and voluntary agencies can perform equally well in this long-neglected service area.

Most important of all is the finding that homebound persons can effectively use such a service, achieving through it meaningful social and vocational goals. Now, aided by the new provisions of the Rehabilitation Act of 1973, state and voluntary agencies should be able to reach out to new service horizons for the homebound. If this happens, it will be due in no small part to the pioneering work of the New York State Office of Vocational Rehabilitation and Federation of the Handicapped.

THE CHARACTERISTICS AND REHABILITATION EXPERIENCE OF HOMEBOUND APPLICANTS FOR STATE VOCATIONAL REHABILITATION AGENCY SERVICES

1. BACKGROUND

Some two million Americans are estimated to be so limited in their physical, emotional, intellectual, and/or social capacities that they cannot regularly participate in sustained community-based rehabilitation and employment activities with the transportation resources normally available to them. Two reviews of the literature (Rusalem, 1967; 1971) coupled with Programmatic Research Project Progress Reports (Federation of the Handicapped, 1968, 1969, 1970, and 1971), indicate that most homebound persons in the United States do not have access to vocational rehabilitation services in their home states and communities. As a consequence, the homebound constitute one of America's most disadvantaged and deprived groups. characterized by a high incidence of economic and social dependence, unemployment, community and family neglect, and isolation from environmental opportunities and resources.

The New York City Office of the New York State Office of Vocational Rehabilitation (OVR) is one of the few exceptions to the general "no-service" rule for homebound persons. Since the early 1950's, when forward-looking leadership propelled this Agency into a comprehensive rehabilitation service for vocationally motivated homebound individuals, OVR has been providing this client group with rehabilitation services found in few other communities throughout the United States. Some of the essential characteristics of the New York State OVR program for the homebound are:

1. It is conducted in close cooperation with such private agencies as Federation of the Handicapped.

2. It maintains a separate homebound service unit in the New York City Office staffed by specialists who are qualifed to provide vocational rehabilitation service to this severely limited group. As a consequence, OVR homebound applicants do not "get lost" in the context of general agency caseloads.

3. Although a wide spectrum of employment opportunities are open to homebound clients through this program, a substantial proportion of them enter industrial and clerical homework subsequent to rehabilitation. However, a large number are helped to become homemakers, thus freeing family members to enter employment and others are assisted through physical restoration, counseling, and other services to re-enter the community.

4. Woven into the fabric of the Program is the philosophy that rehabilitation can help homebound persons to realize their potential and assume useful roles in society.

5. Special agency-based and in-home techniques have been developed by OVR and its cooperating agencies for assessing homebound client potential and for training clients in appropriate skills.

5. Close liaison is maintained with industry and with community groups so that the multi-faceted problems of these clients may be approached by inter-agency teams.

7. The OVR assumes specific responsibilities during active rehabilitation but, when a client has been placed on some form of homework, the long-term responsibility for continuing service is assumed by voluntary agencies, employers, and family members.

8. In the past, criteria for acceptance in the Program were relatively rigorous in terms of bi-manual dexterity and promise for subsequent employment. In recent years, some relaxation of these standards has taken place as demonstrations have indicated that some less well-endowed clients are able to benefit from the service, as well.

The success of the New York State OVR Homebound Rehabilitation Program has been so marked that it is no longer considered experimental in character. Year after year, the homebound service unit carries an extensive caseload of severely limited clients and, in cooperation with local agencies, returns a gratifyingly high proportion of them to remunerative employment and useful homemaking roles. Indeed, even during periods of attenuated budgets and reordered program priorities, the OVR service to the homebound continues unabated, contributing its share of successfully closed cases to the total performance of the Agency. In many respects, this Program can be considered a prototype for other states, since it demonstrates how a viable and economical program can be maintained over the long run for a seriously limited client group that is usually neglected and overlooked in other communities.

Many State and voluntary rehabilitation agencies throughout the nation hesitate to enter into differentiated vocational rehabilitation programming for the homebound, feeling that the risks and responsibilities

involved exceed prudent agency management. Yet, the case closure record of the New York OVR in this field suggests that reluctance to serve the homebound has a limited basis in fact. Adoption of the New York State OVR model in other states would immediately bring new hope to tens of thousands of homebound persons without imposing undue burdens upon the respective State Rehabilitation Agencies.

II. PURPOSE OF THE STUDY

The purpose of this Study is to explore the attributes of homebound applicants for State Rehabilitation Agency services and their rehabilitation experiences and outcomes and to compare those who were rehabilitated* with those who were not.

Through describing this homebound population and comparing outcome sub-groups, it may be possible to suggest guidelines for other state agencies which plan to work with comparable client groups. Since homebound persons may respond differentially to rehabilitation services, it may be desirable to identify those who give the greatest promise of benefitting from such services. Thus, the Study data will be analyzed in an attempt to assist the rehabilitation agencies to program more effectively for homebound applicants for service. The New York State OVR experience, now spanning some two decades, was selected for review because of the extensive experience of this Agency in helping the homebound and the stable and established nature of its Program.

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*In OVR terms, a client's case becomes available for closure when the individual becomes established in appropriate homemaking or enters and persists in suitable remunerative employment for a period of not less than 30 days.

III. PROCEDURE

With the cooperation and support of the New York State Office of Vocational Rehabilitation, a survey was conducted of certain homebound applicants for service at that Agency in 1968 and 1969 as described in the records maintained by the Homebound and Amputee Unit of the OVR New York City Office*. The following criteria were used to select homebound applicants for further study.

1. The applicant was out of school at the time he applied for service.

2. The applicant apparently was unable to leave his home regularly for rehabilitation and employment with the transportation resources normally available to him.

3. The individual had been homebound for six months or longer at time of application.

4. The applicant requested OVR service for assistance with vocational and/or physical restoration problems.

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* Many additional homebound persons are served by other units in the New York City Office including, among others, the Hospital Unit and the School Unit. However, this Study was confined to the Homebound and Amputee Unit which serves the largest concentration of undifferentiated community-based homebound clients in the Office.

After a review of the records had identified a client as meeting these criteria, his case file was studied by members of the Programmatic Research Project staff to confirm the homebound diagnosis and to prepare the materials for a transcription of essential case data to Project records. Transcription was accomplished by photocopy and, in other instances, on forms developed for this purpose by the Project staff. After the data had been transcribed and ordered, comparisons were made between rehabilitation and not-rehabilitated sub-groups. Subsequently, a sub-sample was developed for follow-up study, the procedures for which are described later in this report.

IV. CHARACTERISTICS OF HOMEBOUND APPLICANTS FOR STATE VOCATIONAL REHABILITATION AGENCY SERVICE

The summary data presented below were drawn from the case records of the 348 homebound clients (of 540 that had been considered) who met Project criteria. Detailed tables appear in the Appendix. 159 (45.7%) of these clients had been rendered homebound by amputations of lower limbs; 189 (54.3% by other causes).

A. Sex

Males	48.3%
Females	51.7%

B. Age

Range	18-83 years
Mean	55.3 years
Standard Deviation	13.6
Median	57.1 years

C. Most Common Sources of Referral

Hospitals	41.1%
Self-Referrals	22.7%
Voluntary Community Agencies	13.5%
Prosthetic Appliance Dealers	6.9%
Family and Friends	6.3%

D. Marital Status

Married	50.3%
Never Married	18.5%
Widowed	17.9%
Separated	8.6%
Divorced	3.4%

E. Members of the Household

Living with Spouse	47.8%
Living Alone	21.0%
Living with Children	11.2%
Others	20.1%

F. Years of Education

Range	0 to Graduate School
Median number of years of education	8.2
Additional training beyond regular schooling, primarily in business or trade schools	25.0%

G. Most Common Primary Sources of Support at Application

Family and Friends	38.2%
Social Security Disability Benefits	20.7%
Other Public and Private Benefits	20.4%
Savings	6.0%
Welfare	6.0%

(Since this item concerns primary source of support, it does not include individuals who received supplementary assistance from welfare. The total number receiving some welfare assistance exceeded the 6.0% noted above.)

H. Earnings at Time of Application

Some Earnings (in all instances, these were "occasional" earnings which were insufficient to support the individual. Thus, the median weekly earnings of the members of this sub-group were $29.50 per week).	2.9%

I. Duration of Most Recent Unemployment

Mean	9.8 years
Standard Deviation	7.1 years

J. Occupational Area of Most Recently Held Job

Clerical and Sales	23.6%
Service	19.8%
Semi-Skilled	12.4%
Skilled	10.1%
Unskilled	9.8%
Sheltered Workshop and Home Employment (All manual jobs-thus, the sum of skilled, semi-skilled, unskilled, sheltered workshop, and home employment was 34.6%).	2.3%
Professional and Managerial	5.5%
Others	16.1%

K. Number of Jobs Held in the Past

Mean	2.2%
Standard deviation 1.3	

L. Employment Stability in the Sub-Group Having Previous Employment Records

Stable Work History prior to becoming Homebound	81.5%

M. Ability to Use Public Transportation

Unable to do so	96.8%
Able to do so within marked limits	2.3%
Able to do so occasionally	0.9%

N. Age at which Major Handicap had been acquired

Mean Age	46.1 years
standard deviation 18.9 years	
Median Age	50.7years

O. Most Common Major Handicapping Conditions

Amputations	45.7%
Neurological Impairments	25.3%
Other Orthopedic Limitations	12.4%
Cardiac and Circulatory Conditions	9.8%
Others	6.8%

P. Origin of Major Handicapping Conditions

Illness and Disease Processes	81.8%
Trauma	15.2%
Congenital Conditions	3.0%

Q. Secondary Handicapping Conditions

Clients with Secondary Handicapping Conditions	61.9%

R. Origins of Secondary Handicapping Conditions

Diabetes	47.4%
Cardiac and Circulatory Conditions	34.1%
Arthritis	6.9%
Trauma	6.4%
Others	5.2%

S. Additional Handicapping Conditions

Clients with Additional Handicapping Conditions	26.7%

The most common additional handicapping conditions were cardiac and circulatory problems, visual limitations, and digestive and genitourinary ailments.

T. Use of Aids and Appliances

Wheelchairs	37.4%
Crutches	25.0%
Leg Prostheses	14.4%
Canes	10.1%
Braces	6.0%
Walkers	2.6%

U. Reasons Given for Application for Vocational Rehabilitation Service

Remunerative Homework	35.3%
Need of a Prosthesis	35.3%
Vocational Counseling and Placement	12.1%
Vocational Training	3.2%
Combinations of the Above	9.2%
Not Known	4.9%

V. Vocational Rehabilitation Service History

Previously served by OVR 21.0%

69.9% of the 73 Clients previously served had had their State Agency cases closed as rehabilitated. Those with previous rehabilitation services experiences had received such

service a mean of 3 years and 9 months previous to the current application for service.

V. Current Vocational Rehabilitation Experience

285 (81.9%) of the 348 homebound applicants for service during 1968 and 1969 actually entered vocational rehabilitation at the New York State Office of Vocational Rehabilitation. The reasons given for the other 63 failing to enter the process were:

Disability too Severe	44.4%
Client declined Service	33.3%
Client couldn't be located	3.2%
Other Reasons	19.1%

A mean of 6.5 months was required from point of acceptance into the OVR program to the point of development and completion of a rehabilitation plan for these homebound clients. The standard deviation was 519 months.

These clients spent a mean of 8.3 months in counseling and guidance, with a range of 1 to 60 months. The standard deviation was 12.7 months. After a plan had been developed, the 238 clients for whom data on this point were available spent a mean of 8.7 months in service, implementing that plan. In total, the 348 homebound clients studied spent a mean of 15.5 months in active contact with the New York State Office of Vocational Rehabilitation. The standard deviation was 13.8. The range was 2 to 90 months.

211 (60.1%) of the members of the total sample received formal vocational diagnostic and evaluation services as part of their rehabilitation experience. Such services were provided through rehabilitation facilities in 126 (59.7%) of the evaluated cases. The other 85 evaluated clients were evaluated at home or at community sites other than rehabilitation facilities. 171 (49.1%) of the members of the total sample received physical restoration services in conjunction with the rehabilitation experience. 121 (34.8%) members of the total sample received training and training materials through OVR. 92 (76.0%) of the 121 homebound clients who received training and training materials did so through the cooperative auspices of a rehabilitation facility. 52 (56.5%) of the 92 clients who received training services at a cooperating rehabilitation facility did so at Federation of the Handicapped. Three of the other agencies that provided such services to some degree were Federation Employment and Guidance Service, Brooklyn, Bureau of Community Services, and Bird S. Coler Hospital.

VI. THE COST COMPONENT

The costs of serving these clients were specified in the OVR records for 283 of the 348 individuals in the total sample. Total case costs of service per individual ranged from a low of $10. to a high of $4,380. The mean cost per client for these 283 clients (of whom 76 were not rehabilitated) was $628.40; standard deviation = $585.30. The median cost was $547.80. The mean costs for the outcome sub-groups were: rehabilitated into remunerative employment, $870.40-rehabilitated into homemaking; $615.00-and not rehabilitated; $281.90. The mean cost of diagnostic services during the referral stage of rehabilitation for the total group was $30.60; standard deviation - $22.60. The highest cost for an individual at this stage was $150.

The mean cost per homebound client for diagnostic services after acceptance into the OVR Program was $126.30; standard deviation=$118.70. The range of cost for such diagnostic services was from $5.00 to $455.00. The mean cost for physical restoration for the 169 clients receiving this service was $508.20; standard deviation=$656.80. The range was $4.00 to $5,449.00.

The mean cost of training for the 121 clients who received this service was $472.60; standard deviation= $454.80. The range in training cost was from $18.00 to $4,276.00 The mean cost of maintenance and transportation during training for the trained group in this Study was $117.20; standard deviation=$220.30.

VII. REHABILITATION OUTCOMES

208 (59.8%) of these 348 individuals had their cases closed as rehabilitated on the basis of their successful entry into homemaking (in 93 cases) or stable and appropriate employment (in 115 cases). However, the proportion of the sample that was rehabilitated is altered if the 63 individuals who did not enter OVR service by reason of declination of service, excessive severity of the disability, and other causes are eliminated from the calculations since they received no substantial case services. In these circumstances, the 208 applicants who were rehabilitated constituted 73.0% of the 285 homebound persons who actually entered OVR service.

At time of case closure, and, in conjunction with the OVR services rendered to them, 54 (18.9%) of the 285 homebound persons who entered OVR service were no longer homebound. It is probable that others in the group subsequently returned to community functioning

after case closure and discontinuance of contact with OVR without this being reflected in the Agency's case files. In 94 instances, OVR counselors indicated the areas of improvement noted in their homebound clients at time of case closure. These included: economic improvement-83.0%; improvement in physical adaptation-71.3%; improvement in personal adjustment-30.9%; improvement in educational development-14.9%; and improvement in communication-2.1%.

27 (23.5%) of the 115 homebound individuals who achieved remunerative employment were helped by OVR to return to the type of employment that they had held prior to becoming homebound. The remaining 88 entered new forms of employment. Apparently, 75 (65.2%) of these employed homebound persons were performing their jobs in or near their homes. The term "apparently" is used because some of the case records are not clear regarding the precise site of employment. In terms of the type of work obtained by these 115 employed rehabilitated homebound persons; 71 (61.7%) were engaged at time of case closure in industrial, clerical, or related homework. 43 of those engaged in homework were employed by the Homebound Employment Program of Federation of the Handicapped; 15 were employed by other agency-sponsored homework programs; 10 were employed through direct contact (not mediated by a community agency or group) between the employer and the homebound individual; and 3 were self-employed at home. The remaining 44 (38.3%) of the members of the group rehabilitated into remunerative employment were engaged at time of case closure in remunerative jobs outside the home. 28 were employed in unsheltered industry; 12 in sheltered workshops;and 4 in self-employment outside the home. The mean weekly earnings for the 115 clients rehabilitated into employment was $39.70; standard deviation=$40.80.

The range of weekly earnings of the employed subgroup was from $8.00 to $300.00. The data below indicate the mean weekly earnings for the 115 employed rehabilitated homebound clients who were functioning at different types of work sites.

Those self-employed outside the home (n=4)	$95.50
Those employed in outside industry (n-28)	$79.90
Those employed at home through the direct contact with an employer not mediated by a community agency(n-10)	$43.50
Those self-employed at home (n=3)	$33.00
Homeworkers employed by Federation of the Handicapped (n=43)	$22.50
Those employed outside the home in sheltered workshops (n=12)	$18.30
Homeworkers employed at community agencies other than Federation of the Handicapped (n=15)	$15.70

As indicated earlier, 63 applicants for homebound rehabilitation service did not enter the rehabilitation process. An additional 77 entered the process but were not vocationally rehabilitated. The most common reasons reported for this were the severity of the disability, the poor prognosis of the medical condition, institutionalization or hospitalization of the client, and limited rehabilitation motivation.

VIII. A COMPARISON OF HOMEBOUND APPLICANTS FOR SERVICE AT A STATE REHABILITATION AGENCY WHO ACHIEVE DIFFERENT REHABILITATION OUTCOMES

The 348 homebound applicants for New York OVR service in 1967 and 1968 in this sample were subdivided into three categories for the purpose of comparative analysis:

Group 1: Homebound applicants who subsequently were rehabilitated into remunerative employment (N=115).

Group 2: Homebound applicants who subsequently were rehabilitated into homemaking roles (N=93).

Group 3: Homebound applicants who did not achieve rehabilitation case closure owing to their failure to enter or follow through in the Program or their inability to benefit substantially from participation in the rehabilitation process (N=140).

Those three sub-groups were compared in relation to variables in the following major areas:

1. Client Characteristics
2. Current Vocational Rehabilitation Experience
3. The Cost Component
4. Rehabilitation Outcomes

1. Client Characteristics

A. Sex

Table 1 indicates that although females constituted 51.7% of the total sample, 44.3% of those rehabilitated into remunerative employment were females. From another perspective, it should be observed that 64 (38.1%) of the 168 males in the total sample were rehabilitated into remunerative employment as compared to 51 (28.3%) of the 180 females in the total sample. 43 (25.0%) of the males were rehabilitated into homemaking roles as compared to 51 (28.3%) of the females. Finally, 62 (36.9%) of the males were not rehabilitated as compared to 78 (43.3%) of all the females.

The sex variable is even more pronounced when the two major disability groups are analyzed separately. Although females constituted 36.5% of the amputee sample (as compared to 64.5% of the non-amputee group), they accounted for only 4.7% of the rehabilitations into remunerative employment within this sub-sample. Similarly, they constituted 50.6% of the amputee rehabilitions into homemaking roles and 43.6% of the non-rehabilitations. In related terms, 41(40.6%) of the 101 males in the amputee sample were rehabilitated into remunerative employment as compared to 2(3.4%) of the amputee females. Concurrently, 38 (37.6%) of the amputees (males) were rehabilitated into homemaking roles as compared to 39 (67.2%) of the amputee females. To complete the picture, 22 (21.8%) of the amputee males failed to achieve a rehabilitated status as compared to 17 (29.3%) of the amputee females.

Females, constituting 64.6% of the non-amputee homebound sample, accounted for 68.1% of the rehabilitations into remunerative employment, 75.0% of the rehabiliations into homemaking roles, and 60.4% of the non-rehabilitations in the non-amputee group. Thus, 23 (34.3%) of the 67 amputee males achieved rehabilitation in remunerative employment as compared to 49 (40.2%) of the non-amputee females. 4 (6.0%) of the non-amputee males were rehabilitated into a homemaking role as compared to 12 (9.8%) of the non-amputee female. Finally, 40 (59.7%) of the non-amputee males failed to achieve a rehabilitated status as compared to 61 (50.0%) of the non-amputee females.

B. Age

As indicated in Table 2, homemakers are differentiated from the two other sub-groups on the basis of age, Their mean age (61.1 years) is significantly higher than the age of the total group rehabilitated into employment (54.7 years; $t=4.0$; $df=253$; $p < .01$) and the total group that failed to achieve rehabilitation (51.9 years; $t=5.75$; $df=233$; $p < .01$). The age difference between those rehabilitated into remunerative employment and those not rehabilitated was not statistically significant.

C. Most Common Source of Referral

Table 3 notes that a preponderance of homebound applicants rehabilitated into homemaking were referred to OVR by hospitals. Although hospitals constituted an important referral source for the other two sub-groups, homebound applicants rehabilitated into employment and not rehabilitated tended to come to OVR in substantial numbers through self-referrals, private community agencies, and family and friends.

D. Marital Status

As might be expected from the age and sex findings, Table 4 reports that the homemaker group contained a larger proportion of widowed individuals and a smaller proportion of individuals who had never been married.

E. Members of the Household

Table 5 reveals that a large proportion of the group rehabilitated into homemaking status lived alone as compared to the group rehabilitated into employment.

F. Years of Education

Table 6 notes that the homemaker group tended to have a lower number of years of education than the other two sub-groups. Thus, those rehabilitated into homemaking had had a mean of 7.8 years of education as compared to 9.0 ($t=2.55$; $df=206$; $p < .05$) for the rehabilitated into remunerative employment sub-group and 9.4 ($t=3.26$; $df=231$; $p < .01$) for the not rehabilitated sub-group.

G. Most Common Primary Sources of Support at Application

As indicated in Table 7, the distribution of primary sources of financial support varied for the sub-groups ($X^2=24.3$; $df=8$; $p < .01$). The rehabilitates sub-groups (remunerative employment and homemaking) differed from the not rehabilitated sub-group in that the latter tended to contain a higher proportion of individuals who were receiving their primary financial support from welfare and social security disability benefits. On the other hand, a larger proportion of the rehabilitated sub-groups received support from family and friends.

H. Earnings at Time of Application

None of the small group of 10 applicants reported in Table 8 as having had some earnings at time of application were in the rehabilitated sub-groups.

I. Duration of Most Recent Unemployment

Table 9 indicates that th e not rehabilitated sub-group had been unemployed at time of application for a slightly longer mean period of time (10.9years) as compared to the remunerative employment sub-group (9.2 years) and the homemakers (8.6 years).

J. Occupational Area of Most Recently Held Job

In accordance with expectations, Table 10 shows that the rehabilitated into homemaking sub-group tended to contain a higher proportion of persons without previous work experience and a stronger background in the service industries than the other sub-groups. The not rehabilitated sub-group contained a higher proportion of individuals with a history of skilled work. On the other hand, the rehabilitated into remunerative employment sub-group tended to contain a higher proportion of semi-skilled workers.

K. Number of Jobs Held in the Past

As shown in Table II, the not rehabilitated sub-group had held slightly fewer jobs in the past than the other sub-groups.

L. Stability of Past Employment

Stability in the employment history as reported in Table 12 occurred with comparable frequency in the work records of the three sub-groups.

M. Ability to Use Public Transportation

Table 13 notes that more than 95% of the members of all the sub-groups were unable to use public transportation under any circumstances.

N. Age at Which the Major Handicap had been Acquired

Table 14 noted that the sub-group rehabilitated into homemaking had acquired the major handicapping condition at a significantly later age (Mean=52.5 years) than the rehabilitated into employment sub-group (Mean =40.7 years; $t=4.6$; $df=186$; $p < .001$) and the not rehabilitated sub-group (46.4 years; $t=2.6$; $df=224$; $p < .01$). In turn, the age at onset of the major disability of the not rehabilitated sub-group was significantly older than that of the rehabilitated sub-group ($t=2.2$; $df=238$; $p < .02$).

O. Most Common Major Handicapping Conditions

Table 15 indicates that the sub-group rehabilitated into homemaking consisted primarily of individuals with amputations (83.9%). In addition to some incidence of amputations, the rehabilitated into remunerative employment and the not rehabilitated sub-groups contained a higher incidence of neurological, cardiac, and orthopedic disabilities.

P. Origins of Major Handicapping Conditions

Table 16 indicates that about half of those rehabilitated into the homemaking role suffered their disabilities as a result of diabetes (associated with amputations in almost all cases). A small number in each sub-group contracted the disability as a result of congenital causes and about 10-15% in the various sub-groups were disabled as a result of trauma. Second to diabetes among the

homemakers and first among the rehabilitated into remunerative employment and the not rehabilitated sub-group were the cardiac and circulatory diseases.

Q. Incidence of Secondary Handicapping Conditions

Table 17 suggests that, in terms of secondary disabilities, the sub-group rehabilitated into homemaking was the most limited of the three sub-groups with 77.1% reporting secondary conditions. In contrast, only 42.1% of the not rehabilitated sub-group and 66.1% of the rehabilitated into remunerative employment sub-group reported having secondary handicapping conditions.

R. Nature of Secondary Handicapping Conditions

Table 18 notes that diabetes and cardiac and circulatory conditions caused most of the reported secondary disabilities in the three sub-groups.

S. Additional Handicapping Conditions

Table 19 shows that the not rehabilitated sub-group reported the lowest incidence of additional handicapping conditions (13.6%) as compared to the rehabilitated into remunerative employment (36.2%) and the rehabilitated into homemaking (34.4%) sub-groups.

T. Use of Aids and Appliances

Table 20 notes that the 3 sub-groups differ significantly from each other in types of appliances used ($X^2=23.8$; df=2; $p < .001$). The homemaker and not rehabilitated sub-groups had

a slightly higher incidence of wheelchairs. However, the not rehabilitated sub-group had a much lower incidence of crutches, eyeglasses, and prostheses than the other two groups, but a slightly higher incidence of canes. Compared to the other two sub-groups, a greater proportion of the not rehabilitated clients reported using no appliances at all.

U. Reason Given for Application for Vocational Rehabilitation Service

Table 21 indicates that the 3 sub-groups differed in regard to the reasons given for application for rehabilitation service. The homemakers expressed a predominant interest in obtaining a prosthesis. Even when the members of this group showed some vocational concern, it invariably was accompanied by a request for a prosthesis, as well. On the other hand, 43.5% of the rehabilitated into remunerative employment sub-group and 50.7% of the not rehabilitated sub-group requested home employment. When the data were dichotomized (prosthesis vs. homework), the 3 sub-groups differed from each other to a statistically significant degree (X^2=110.3; df=2; $p < .01$).

2. VOCATIONAL REHABILITATION HISTORY

Table 22 reports that 30 (26.1%) of the members of the rehabilitated into remunerative employment sub-group had applied for OVR assistance on at least one previous occasion. 22(73.3%) of the members of this sub-group had been rehabilitated on that earlier occasion. 24 (25.7%) of the members of the rehabilitated into homemaking sub-group had applied earlier for OVR service and 23 (95.8%) of them had been rehabilitated at that time. 19 (13.4%) of the members of the not

rehabilitated sub-group had applied earlier for OVR service and 6 (31.6%) of them had been rehabilitated at that time. Thus, among the 73 individuals with an earlier OVR case history, those currently rehabilitated as homemakers had had the most favorable rehabilitation experience in their earlier contacts with this Agency. On the other hand, the not rehabilitated sub-group had had the least favorable experience. These three sub-groups were comparable in regard to the mean number of years that had elapsed between the earlier and the current application for OVR service (3 years-9months).

3. CURRENT VOCATIONAL REHABILITATION EXPERIENCE

Table 24 indicates that the pre-service phase of the OVR experience varied for the three sub-groups. This phase consists of the activities undertaken by OVR to develop and complete a rehabilitation plan but before actual case service begins. The emergence of a rehabilitation plan required a mean of 3.6 months in the case of the sub-group rehabilitated into homemaking and a mean of 4.6 months for the sub-group rehabilitated into remunerative employment. In contrast, a mean of 7.9 months was required for plan development and completion for members of the not rehabilitated sub-group who entered this phase of services.

Table 25 shows that the sub-group rehabilitated into homemaking spent a mean of 2.4 months in counseling and guidance as compared to a mean of 9.6 months for the rehabilitated into remunerative employment sub-group and a mean of 9.5 months for the not rehabilitated sub-group. When the extremes in the distribution are neutralized by use of the median, the comparative months spent in counseling and guidance becomes 2.0 for the homemakers, 2.8 for those rehabilitated into employment, and

4.8 for the not rehabilitated sub-group. Owing to the large standard deviations, t-tests of the means did not prove significant. Nor did Fisher's Test of the Medians.

Table 26 reveals that the not rehabilitated sub-group spent a significantly longer period in the service plan implementation phase; a mean of 13.0 months as compared to 7.7 months for the homemaking sub-group ($t=46$; $df=121$; $p < .01$) and 8.3 months for the rehabilitated into employment sub-group ($t=2.13$; $df=143$; $p < .025$). The difference between the homemaker and rehabilitated into employment sub-groups on this variable was not statistically significant. Table 27 notes that the period spent on the Agency rolls in all phases of service during the current Agency contact was significantly greater for the not rehabilitated than for the other two sub-groups. Thus, the not rehabilitated sub-group spent a mean of 21.5 months on the Agency rolls as compared to 11.4 months for the homemakers ($t=4.5$; $df=169$; $p < .001$) and 13.7 months for the rehabilitated into employment sub-group ($t=3.6$; $df=191$; $p < .001$). The homemakers and the rehabilitated into remunerative employment sub-groups did not differ statistically on this variable.

Table 28 suggests that the distribution of systematic evaluation services received varied in the three sub-groups ($X^2=135.8$; $df=2$; $p < .001$). Thus, 94.7% of the rehabilitated into employment sub-group received systematic diagnostic and evaluation services as compared to 73.1% of the homemakers and 24.3% of the not rehabilitated sub-group. If the 63 persons in the latter sub-group who failed to enter service are eliminated from consideration, it can be stated that 44.2% of the remaining 77 not rehabilitated cases received systematic diagnostic and evaluation services.

a percentage that is still lower than that found in the other two sub-groups. The distribution of physical restoration services received differed significantly in the three client sub-groups (X^2= 150.7; df=2; p $<$.001). Thus, 95.7% of the homemakers (primarily consisting of leg amputees) and 53.9% of the rehabilitated into remunerative employment sub-group received such services as compared to 14.2% of the not rehabilitated sub-group. In the latter case, if the 63 persons who failed to enter the OVR program are eliminated from consideration, then it may be noted that 26.0% of the resultant not rehabilitated sub-group received physical restoration services, an incidence that is still below that found in the other two sub-groups.

Table 30 indicates that the three sub-groups differed on a statistically significant level in the incidence of training and training materials which they received (X^2=120.9; df=2; p $<$.001). Thus, 74.7% of the rehabilitated into employment group received training and related materials as compared to 18.3% of the homemakers and 12.8% of the not rehabilitated sub-groups. If the 63 persons who failed to gain acceptance into the OVR program are eliminated from the not rehabilitated sub-group, the percentage of that group receiving training and related materials becomes 23.4%, a rate higher than that of the homemaker sub-group but still well below that of the rehabilitated into remunerative employment sub-group. Table 30 also notes that when training was provided, a larger proportion of the rehabilitated into employment subgroup (83.7%) received such training at a rehabilitation facility as compared to the homemakers (58.8% and the not rehabilitated sub-groups55.6%).

Table 31 indicates that of those receiving training, 48.8% of the rehabilitated sub-group, 17.6% of the homemakers, and 38.9% of the not rehabilitated sub-group received their training at Federation of the Handicapped. Of the 52 members of the total sample trained by Federation of the Handicapped in cooperation with OVR, only 7 (13.5%) failed to achieve a case closure either as a homemaker or in remunerative employment. A comparable rate of non-rehabilitation following training (12.6%) was attained at the other rehabilitation facilities used for homebound clients in this sample (Federation Employment and Guidance Service, Bird S. Coler Hospital, Abilities, Incorporated, and others). As may be expected from the incidence of amputations in the homemaker sub-group, a substantial proportion of the trained homemakers (41.2%) received their training at a medical facility (for improvement of mibility) as compared to 27.8% of the not rehabilitated and 1.2% of the rehabilitated into remunerative employment sub-groups.

Table 32 reveals that 39.8% of the homemakers, 34.8% of the rehabilitated into remunerative employment sub-group, and 10.7% of the not rehabilitated sub-group received maintenance and/or transportation services during the rehabilitation process. If the 63 non-rehabilitated persons who failed to enter actively into the OVR program are eliminated, then 15 (19.5%) of the remaining 77 non-rehabilitated individuals received maintenance and/or transportation services during rehabilitation, still a smaller percentage thn the other two sub-groups.

3. The Cost Factor

As reported in Table 33, the mean of $870.40 in case costs spent on the rehabilitated into remunerative employment sub-group was significantly higher than the $615.00 spent similarly on the homemakers ($t=3.4$; $df=205$; $p < .001$) and the $281.90 spent on the not rehabilitated sub-group ($t=7.1$; $df=188$; $p < .001$). Similarly, the homemaker group had significantly more spent on case costs than the not rehabilitated sub-group ($t=4.6$; $df=167$; $p < .001$).

Table 34 shows that the cost of diagnostic services provided during the referral period was comparable for the three sub-groups. However, the mean diagnostic costs subsequent to that stage (Table 35) were significantly higher for the rehabilitated into remunerative employment sub-group ($192.00) than for the homemakers (81.7; $t=6,3$; $df=1$; $p < 001$) and the not rehabilitated sub-group ($67.20; $t=7.6$; $df=1$; $p < .001$).

Table 36 compares the physical restoration costs of the three sub-groups, indicating that the mean differences among them were not statistically significant. Table 37 reports that for trained individuals, the mean cost of training those rehabilitated into remunerative employment $583.70% was statistically significantly higher than for the homemakers (197.40; $t=3.2$; $df-101$; $p < .01$) and the not rehabilitated sub-group $202.10; $t=3.2$; $df=102$; $p < .01$). The training costs for the homemakers and the not rehabilitated group did not differ ($t=.10$; $df-33$; $p < .05$). As shown in Table 38, the three sub-groups did not differ significantly on maintenance and transportation costs although the trend was for these costs to be higher for the rehabilitated into remunerative employment sub-group than for the homemakers and to be higher for the homemakers than for the not rehabilitated sub-group.

4. Rehabilitation Outcomes

43 (27.0%) of the 159 amputee applicants in this homebound sample were rehabilitated into remunerative employment as compared to 72 (38.0%) of the 189 non-amputee applicants. 2 (4.7%) of the 43 amputees in the rehabilitated into remunerative employment sub-group were females as compred to 49 (68.1%) of the 72 non-amputees entering remunerative employment. 77 (48.4%)of all the amputee applicants were rehabilitated into the homemaking role compared to 16 (8.5%) of the non-amputees. Almost half (48.4%) of the amputee homemakers were males as compared to 25.0% of the non-amputees. 39 (24.5%) of the 159 amputees in this sample did not achieve a rehabilitated status as compared to 101 (53.4%) of the non-amputee applicants.

As reported in Table 39, economic improvement was most commonly noted as the chief benefit attained by the sub-group that was rehabilitated into employment (94.6%). On the other hand, the most frequently mentioned chief benefit attained by the homemaker sub-group was physical adaptation (92.1%)

IX. A FOLLOW-UP STUDY OF HOMEBOUND APPLICANTS FOR SERVICE AT A STATE REHABILITATION AGENCY

All of the 348 homebound clients surveyed in this Study were considered to be potential respondents to a follow-up telephone procedure designed to elicit data about status in the community some 2 to 3 years subsequent to the termination of rehabilitation experience. 134 (64.4%)

of the 208 individuals rehabilitated into remunerative employment and homemaking could not be located despite repeated and diversified efforts to find a current address for them. Concurrently, 100 (71.4%) of the 140 not rehabilitated clients could not be located through searches of records, contacts with workers in the community. Thus, 234 (67.2%) of the members of the total sample could not be located. Apparently, although these clients were homebound, they appear to be quite mobile insofar as their place of residence and community roots were concerned. Consequently, eliminating those who could not be located, only 74 clients rehabilitated into employment and homemaking and only 40 who were not rehabilitated were theoretically available for follow-up interviews.

However, 36 (48.7%) of these 74 rehabilitated clients and 21 (52.5%) of these 40 not rehabilitated clients who were potential interviewees actually were not interviewed for the following reasons:

THE REHABILITATED GROUP(N=36)	
Not interested in cooperating with the Study	17
Deceased	14
Institutionalized or Hospitalized	7
THE NOT REHABILITATED GROUP(N=21)	
Not interæst ed in cooperating with the Study	7
Deceased	7
Institutionalized or Hospitalized	7

Since the respondent sample constitutes such a small part of the study group, a detailed analysis of the follow-up data is not warranted. However, a few tentative impressions of the data will be presented at this time, not as definitive materials, but as indications of a few general trends. The small follow-up sample did not differ significantly from the total sample on such variables as sex, age, years of education, marital status and disability. Rehabilitated applicants placed in industry out of the home tended to continue in their employment some two years after rehabilitation; those placed in home employment tended to be employed irregularly, with some reports being made of long periods of vocational inactivity. The large majority of those who were rehabilitated who are still working are employed part-time. Only one respondent indicated continuing self-employment at time of follow-up. More than half of the employed group obtained their current employment through the intervention of the New York State Office of Vocational Rehabilitation. The mean weekly earnings for the employed group was $49.20.

Within the follow-up sample, 83.3% of those rehabilitated into homemaking, 65.4% of those rehabilitated into employment, and 36.9% of those who were not rehabilitated expressed satisfaction with the rehabilitation service which they received. Most of the homemakers based their high level of satisfaction upon their being given a satisfactory prosthesis whereas a majority of those rehabilitated into remunerative employment based their high level of satisfaction upon being helped to attain an employed status. The members of the not rehabilitated sub-group who expressed satisfaction with the rehabilitation service they received based this response upon the feeling that the rehabilitation agency did a good job but they

were just not able to profit from it. Among those who were rehabilitated into home employment, some dissatisfaction was expressed regarding the comparatively low earnings derived from that activity. The members of this sub-group expressed a current need for more work at a higher rate of pay. A majority of the rehabilitated into remunerative employment and the homemaker sub-groups requested current assistance in finding new or improved employment. The not rehabilitated group tended to request assistance with finding suitable social and recreational resources. More than 70% of the follow-up sample indicated a current need for improved transportation facilities.

X. DISCUSSION

A. Characteristics of Homebound Applicants for State Vocational Rehabilitation Agency Service

1. Heterogeneity

In most respects, these homebound applicants for state vocational rehabilitation agency service were a heterogeneous group. They ranged widely in age, sex, economic status, work history, vocational interests and capacities, rehabilitation motivation, source of referral, family and marital status, additional complicating handicaps, and use of aids and appliances. These broad differences arranged themselves idiosyncratically in each individual, resulting in a group that presented a bewildering array of physical, intellectual, emotional and social configurations. This finding suggests that the homebound cannot be considered for rehabilitation purposes as a homogeneous client population. On the contrary, the term "homebound" constitutes a vast umbrella that covers manydisabled individuals, some of whom have little in common except the fact that they cannot regularly leave their home to participate in rehabilitation and employment with

the transportation resources normally available to them. The service implication of this finding is that a state vocational rehabilitation agency program for homebound applicants should take such differences into account and should be at least as comprehensive, wide-ranging, and flexible as that for any other client category.

2. The Cause of Disability

As may be expected, the various physical conditions bring their own particular set of problems to the homebound person, indicating that the disability variable should be given primary consideration in rehabilitation planning for homebound applicants. Although this finding holds firm throughout the disability spectrum, it was most clear in this Study in relation to the amputee sub-group. Thus, those who had been rendered homebound by amputations of the lower limbs differed in important respects from those made by other causes. The amputee group:

a. Contained a higher proportion of males (2/3 as compared to 1/3 of other homebound applicants for service).

b. Had a predominant interest in obtaining artificial limbs through the state vocational rehabilitation agency rather than in achieving some well-formulated vocational goal.

c. Tended to be older.

d. Entered homemaking in far larger numbers (almost 4/10 of the males and more than 2/3 of the females) than other homebound applicants.

e. Contained relatively few females who subsequently entered remunerative employment.

f. Achieved a more favorable rehabilitation closure record than the non-amputees, a record that was attributable in large measure to the high frequency with which they entered careers as homemakers.

These findings suggest that a vocational rehabilitation program for homebound amputees requires different points of emphasis than those adopted for non-amputee homebound sub-groups. For example, a program for homebound amputees should include a strong homemaking training component, provisions for dealing with the sequelae of diabetes (a frequent cause of the amputations suffered by such clients), and a strong concern for the social and emotional implications of homemaking roles for male amputees who are unlikely to re-enter the labor market in the foreseeable future.

3. Some Attributes of the Homebound Population

Within the context of individual differences, some attributes appear to characterize homebound applicants for state vocational rehabilitation agency service which suggest directions in which vocational rehabilitation programming should move for this client group. Among these attributes are:

a. As a group, homebound applicants tend to cluster in age around the middle and later years.

b. Their level of education is modest, especially among the older members of the sample.

c. Economic dependence upon others and upon public and private financial helping resources is common within the group.

d. The large majority enter the rehabilitation process with a history of five or more years of sustained unemployment.

e. Only about 1/3 present a history of manual work, the occupational area that constitutes the bulk of industrial homework tasks.

f. Most of the applicants bring with them a history of employment stability in their earlier work experiences.

g. Very few are able to use existing public transportation on a regular basis.

h. Most of them acquired the major handicapping condition during middle or old age.

i. Orthopedic, neurological, and cardiac conditions account for most of the disabilities suffered by these homebound applicants.

j. Almost two-thirds of them have vocationally significant secondary disabilities and more than one-fourth have vocationally significant disabilities in addition to the major and secondary ones.

k. More than half regularly use wheelchairs or crutches for mobility.

l. Almost two-thirds manifest an interest in obtaining assistance with vocational problems.

These findings indicate that homebound applicants for service at a state vocational rehabilitation agency tend to be a multi-handicapped group whose problems are complicated by limited mobility, advancing age, economic and social dependence, prolonged unemployment, and complicating secondary health conditions. It is difficult to compare the extent of their limitations with those of other disability caseloads but, by definition and through observation, it may be concluded that, in addition to all the other problems, they have limited access to most of the general and specialized rehabilitation and human services facilities in their communities.

Yet, in many respects, homebound applicants resemble other severely limited rehabilitation clients. Indeed, some of the members of this sample probably were less limited than some currently employed non-homebound disabled individuals. The central difference seems to be the availability of suitable transportation. As a matter of fact, relatively few of these homebound persons were immutable house-bound. On the contrary, if given access to long-term transportation resources, many could have become full social and economic participants in their communities. Although suitable transportation alone would not solve all of the problems of these homebound persons, it would reduce or eliminate homeboundedness in a substantial proportion of them. Consequently, any vocational rehabilitation program that plans to offer a comprehensive service to homebound individuals must fund means of bringing as many of these clients as possible to sites where specialized personnel, procedures, equipment, and programs are available. Where absolutely necessary, vocational rehabilitation service can

be provided exclusively in the client's home but such service is rarely comparable to that received in a community context.

The problems of advancing age, severity and complexity of disabilities, lengthy history of unemployment, limited education, and reduced vocational motivation had rendered some (but decidedly not all) of the members of this homebound group unsuitable for remunerative employment at any level. When extensive rehabilitation evaluation and tryout confirm unfeasibility in individual cases, the alternatives of a homemaking role (both for males and females) and social and recreational activities should be explored. When remunerative work is impossible or undesirable homemaking can constitute a meaningful and socially useful alternative, especially if the client's performance of household duties fees another family member to engage in outside employment.

Casual observation of the extensive disabilities suffered by these homebound persons often fails to reveal important residual potentialities. Many enter the vocational rehabilitation process with concurrent grave self-doubts and inner conflicts. As a consequence, not only do they appear to be exceedingly physically handicapped, but, occasionally, emotionally unprepared as well for the challenges of a vocational rehabilitation experience. Thus, although a superficial assessment of the homebound individual usually reveals their extensive limitations, it rarely identifies their underlying resources. Any vocational rehabilitation program that seeks to serve the homebound effectively should contain a built-in mechanism for observing the individual over a long period

of time as he interacts with, and is influenced by, an out-of-home social and vocational experience. Other studies conducted by the Programmatic Research Project consistently report that an extended experience in a rehabilitation facility often strips away the encrusted overlay of imposed inactivity and neglect and reveals personal resources and capacities among the homebound that do not manifest themselves otherwise. Training accompanied by an evolving evaluation of the individual appears to be a highly functional means of ascertaining potential in this group and of avoiding premature judgements that tend to underestimate personal resources.

4. The Size of the Problem

Although a sample of 348-1968 and 1969 homebound OVR applicants was developed for this Study, this number probably understates the dimensions of the homebound problem in New York City. In the first place, the case-finding process used by Project personnel (involving reading of more than 800 records) was tedious and time-consuming. In the course of this procedure, some suitable cases may have been overlooked and others may have been misjudged. Beyond this, however, application of the criteria of selection for the Study sample excluded 480 of the 828 OVR case records consulted. These eliminations were based on such considerations as the applicant being homebound less than six months at time of application, questions about whether the applicant really was homebound, and incomplete information in the case file. In all probability, some of the cases rejected for inclusion in this Study, after detailed investigation, would have been found to be truly homebound and, thus, would constitute a legitimate segment of the OVR homebound caseload.

Finally, many additional homebound applicants were assigned during the stipulated two-year period to other OVR units serving such other cleint grups as secondary school students, residents of various hospitals or institutions, the mentally retarded, and the emotionally disturbed. Taking these facts into consideration, it may be conjectured that the dimensions of the homebound rehabilitation problem are far larger than would be indicated by the number of cases in the Study sample. It is not unreasonable to believe that during 1968 and 1969, many more than a thousand homebound persons actually applied for service at the New York City OVR Office. Studies of caseloads other than that surveyed in this Project should be conducted to determine the special rehabilitation needs and experiences of such groups. In a move in this direction, a study of this type recently was completed at the Teachers College-Columbia University Research and Demonstration Center for the Education of Handicapped Children (Rusalem, Unpublished) concerning the post-school rehabilitation experiences of a sample of graduates of home instruction programs conducted by the New York City Board of Education.

a. Vocational Rehabilitation Service History

About one-fifth of these homebound applicants had been active in the OVR caseload at least once prior to their current application for service. More than two-thirds of this subgroup with an OVR history had been rehabilitated at that time, primarily as non-homebound persons. Subsequent to that earlier OVR experience, an intensification of the disability and/or changes in life circumstances (such as loss of

access to suitable transportation) had occurred, precipitating homeboundedness and leading to a re-application for service.

The implications of this finding for vocational rehabilitation programming is that rehabilitation agencies may expect to encounter former clients who, as contrasted to their earlier rehabilitation status, re-apply as homebound persons. Any responsibility agencies may feel for such re-entering clients who, in the interim, have become homebound constitutes still another reason for state vocational rehabilitation agencies offering programs for homebound individuals.

b. Current Vocational Rehabilitation Experience

More than 80% of the members of this homebound sample who applied for OVR service actually entered the rehabilitation process, a proportion that is comparable to that found in other severely disabled groups. It is important to note that despite the seriousness of the disabilities of these applicants, severity of disability per se resulted in rejection at OVR of only 28 individuals in this sample (8.0% of the total applicant group). Therefore, the assumption may be made that the severity of disability among homebound applicants probably is not the major factor that shapes the initial rehabilitation experience of most homebound applicants for service at a state rehabilitation agency that maintains differentiated homebound services.

Although a mean period of almost 16 months (as compared to 1968 reported national mean of 13 months) was required for those who entered the rehabilitation process to complete the implementation of the rehabilitation plan, this cannot be considered an unduly lengthy period when compared to the time required to rehabilitate college students, some mentally retarded and emotionally disturbed individuals, or the multi-handicapped (which, indeed, the members of this sample were). From a practical administrative viewpoint, the period spent in contact with the state rehabilitation agency was not, in the case of most of the members of this sample, excessive in duration or overly burdensome to the staff.

As might be expected in a caseload that contains many amputees, almost half of these homebound persons required physical restoration. This proportion is not much greater, if at all, than that found in such other disability groups as hemiplegics, the traumatically injured, or those with low, but partially correctible vision. Slightly more than one-third of the members of the total sample received OVR-sponsored training, a proportion that is no greater, and probably is smaller, than that found in most other disability caseloads. The training that they did receive was conducted at one or another of a small group of local voluntary agencies maintaining specialized programs for, or interest in, the homebound. Most state rehabilitation agencies already have cooperative relationships with voluntary organizations that can be encouraged to establish or enrich existing programs for the homebound. Consequently, the unavailability of supportive

community service need not be an immutable long range problem

In general, the vocational rehabilitation experience of the homebound persons in this sample at OVR was comparable, in many respects, to that of other disability groups. The significance of this finding is that a radical restructuring of state rehabilitation agencies is not required for them to extend services to homebound persons. By following the New York State OVR pattern, such agencies can retain their customary procedures with only minor modification. This statement should not be interpreted to suggest that the New York State OVR homebound rehabilitation program, despite its overall excellence, necessarily constitutes the acme of service for this client group. However, the New York State OVR has demonstrated that, without imposing undue burdens and strain upon its resources, it is able year after year to fit hundreds of homebound clients into its ongoing rehabilitation process. Those who participate in this process generally move through it in style and rate that do not differ substantially from other severely disabled clients at that Agency.

c. The Cost Component

At present, comparable cost factors for other types of rehabilitation caseloads are not readily available. Yet, some effort, no matter how approximate, needs to be made to determine the degree to which service to homebound persons exceeds the cost of serving other disability groups. Comparable costs are elusive because of differences in methods of recording costs,

the tendency to report such data in accordance with certain disability categories that may or may not lend themselves to comparisons with other groups, and varying definitions of specific items that enter into various case cost categories. As a consequence of these problems, only a gross attempt will be made in this Report to compare costs of rehabilitating the homebound in New York City with the costs of rehabilitating other disability groups as stated in national statistics, a hazardous procedure at best. The national comparison data were drawn from the 1968 costs cited in "Characteristics of Clients Rehabilitated in Fiscal Years-1964-1968", prepared by the Division of Statistics and Studies, Rehabilitation Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C.1969. In consideration of the risky nature of this enterprise, these comparisons should be accepted by the reader with some caution since the comparability of groups and reported costs is open to question.

As indicated earlier, the mean case cost of rehabilitating the homebound persons in this sample was $870.00 for the remunerative employment sub-group and $615.00 for the homemaking sub-group. In the absence of national data for the homebound, these New York statistics may be compared with the nationally reported 1968 costs of rehabilitating individuals in such disability categories as:absence or amputation of both upper extremities-$1,001; hay fever and asthma-$791; deformity or impairment of one or both lower limbs-$783.; speech impairments-$772; and drug addiction-$750. As may be expected there are other

disability categories for which the reported costs are substantially lower: for example, hearing impairments (other than deafness)-$493; alcoholism-$348; and digestive system disorders-$396. However, the important inference to be drawn from these gross comparisons is that the costs of rehabilitating homebound persons at the New York State OVR do not appear to exceed those of rehabilitating individuals in such well-established disability categories as visual impairments, allergies, and orthopedics. The reported 1968 national mean cost for rehabilitating 189,356 undifferentiated clients was $611 per client, a figure just slightly below the cost of rehabilitating New York City homebound homemakers and $259 below that of rehabilitating New York City homebound persons into employment.

Within the rather substantial error limits of these comparison data, it can be suggested that the provision of vocational rehabilitation service to homebound applicants at a state rehabilitation agency is not necessarily financially "back-breaking". Indeed, such costs ordinarily should not exceed those for some other disability groups that have been served routinely for many years by almost all state rehabilitation agencies. State rehabilitation agencies, which explain their disinclination to serve appropriate numbers of homebound persons on the basis of allegedly excessive costs should be helped to become aware of the financial realities of the situation in New York State. In this frame of reference, the high cost argument for not working with the homebound loses much of its relevance.

d. Rehabilitation Outcome

73.0% of the 285 members of this homebound sample who actually participated in the vocational rehabilitation process subsequently had their cases closed as rehabilitated, a rate of rehabilitation that compares favorably with that of many other disability groups. Of course, this takes into account the fact the Study sample contains a disproportionately large number of clients who were rehabilitated into homemaking (a situation common in caseloads of amputees in their later years). It is highly significant that almost 20% of those who were rehabilitated into homemaking (a situation common in caseloads of amputees in their later years). It is highly significant that almost 20% of those who were rehabilitated ceased to be homebound after receiving rehabilitation services. Since about two-thirds of these employed rehabilitants performed their job duties in or near their homes, it seems desirable for vocational rehabilitation programs for the homebound to place special emphasis upon the development of home employment oppo rtunities, In most instances, this requirement subsumes a cooperative relationship with one or more voluntary agencies qualified to perform ongoing identification, management, and supervision of employment and/or marketing activities. Furthermore, since some of these clients found work in, or under the auspices of, sheltered workshops, it is suggested that workshops should be given a key role in rehabilitation programs for homebound persons.

e. A Comparison of Homebound Applicants for Service at a State Rehabilitation Agency who Achieve Different Rehabilitation Outcomes

The distinguished characteristics of the members of the applicant sub-group rehabilitated into remunerative employment were:

1. They acquired their disabilities at a younger age. In effect, the onset of disability often interrupted work which were at their zenith.

2. They tended to have fewer complicating disabilities in addition to the major handicapping condition.

3. They tended to spend a shorter period of time moving through the rehabilitation process.

4. Their apparent readiness for home employment is underscored by the fact that almost half of the rehabilitated sub-group was referred by OVR for training to the Federation of the Handicapped Program, a service which maintains clearly delineated industrial and clerical homework goals.

Homebound clients rehabilitated into employment appear to be career-oriented. In general, this sub-group is characterized by a combination of such favorable indicators as satisfactory vocational performance in the pre-homebound period, current vocational motivation and interest, and, with the exception of those who

entered out-of-home employment, an apparent willingness to accept the conditions of home employment, an apparent willingness to accept the conditions of home employment.

In addition to the sex variable, the members of the sub-group rehabilitated into homemaking were marked by the following distinguishing characteristics:

1. They tended to be well-advance into their middle years with their mean age significantly greater than that of the other two sub-groups.

2. Most often, their primary goal in rehabilitation was physical restoration. Accordingly, they tended to be referred to OVR by hospitals and other medical facilities which perceived the rehabilitation agency as a source of purchase of artificial lower limbs subsequent to amputation.

3. They had a lower mean number of years of education, a finding that is, in part, related to their mean older age.

4. They had become disabled at a later age and, in many instances, had acquired the major handicapping conditions (most commonly, amputations) only a year or two prior to applying for service at OVR.

5. They reported the greatest number of additional complicating handicaps.

6. Records of their current rehabilitation

experience indicated that they were rather quickly diagnosed as suitable for homemaking and moved toward the realization of this goal without undue delay. Since a long-term "job opening" in homemaking was assured for them, there was no uncertainty about their placement.

In general, the previously employed homemaking group entered the current vocational rehabilitation experience during the tapering-off period of their careers. As for those who had become disabled while in the homemaking role, at this stage of their development they tended to favor a continuation of that career pattern. Most of the needs of the homemaking sub-group centered around obtaining and adapting to an artificial limb. Thus, the process of rehabilitating them seemed to be less complex and challenging than that of rehabilitating the other two sub-groups. However, it should be noted that some of these homemakers subsequently developed a need for remunerative homework to supplement their homemaking activities.

The distinguishing characteristics of the sub-group that failed to achieve case closure as rehabilitated were:

1. They tended to draw their primary financial support from welfare or from social security disability benefits.

2. They acquired their major disabilities at a mean older age than the rehabilitated into remunerative employment sub-group.

3. They had fewer complicating disabilities beyond their primary and secondary handicapping conditions.

4. Those who had had previous rehabilitation experience had achieved a rehabilitated status in fewer than on-third of the cases.

5. A longer period of time was required to develop a rehabilitation plan for those who actually entered the rehabilitation process.

6. Only about one-fourth of those who participated in the rehabilitation process entered training.

In general, the not rehabilitated sub-group tended to be less physically limited than the other two sub-groups, suggesting that factors other than physical health played a part in their failure to achieve a rehabilitation case closure. 63 of the members of this sub-group made application for OVR service and, even before such service could become operative, either withdrew from the process or were adjudged to be unsuitable for the Program. The remainder actually entered case service but were unable to benefit from it sufficiently to warrant case closure as rehabilitated. A constellation of reasons accounted for their failure to attain a satisfactory employment or homemaking status, including inadequate motivation, failure to arrive at a suitable vocational objective, inability to master the vocational skills required, and deterrent complicating emotional conditions.

Since homebound vocational rehabilitation clients require, (as do all vocational rehabilitation clients) a combination of vocational interest, potential, and orientation and the emotional readiness to adapt to employment situations, the absence of any of these attributes had a negative influence on the rehabilitation performance of the members of this sub-group. Lacking one or more of these necessary or sufficient properties, they failed in their attempts to achieve stable employment through the medium of rehabilitation.

These findings suggest the need for routine comprehensive evaluations of homebound applicants for state vocational rehabilitation service with a view to identifying those who have doubtful promise for either remunerative employment or homemaking. When such doubts appear, questionable clients obviously cannot be eliminated arbitrarily from the rehabilitation process. However, alternative objectives in the social and recreational areas should be endowed by rehabilitation workers with as much respect and desirability as vocational and homemaking goals. Then, without sacrificing the client's feelings of self-worth or derogating his status in the family and the community, rehabilitation workers should give freedom to express preference for that area of human activity that has the greatest appeal to him without consciously or unconsciously generating client feelings of guilt about making non-vocational choices. Furthermore, it should not be necessary in our society for those who prefer social and recreational life styles to be put in a position of being compelled to specify vocational preferences that they do not actually have in order

to qualify for physical restoration and educational services. Perhaps, too many amputees, for one, make their way to vocational rehabilitation programs in order to obtain artificial limbs despite the fact their motivation for homemaking roles and employment are only minimal.

A special note about the homemaker group should be made at this time. Some of the applicants in this Study who were rehabilitated into the homemaking role functioned well in it, but required something else in their lives. In some cases, this something else was remunerative employment. In selected cases, it may be well to combine both homemaking and the vocational objectives in a single vocational rehabilitation plan in order to insure a full life for the client. Perhaps, such joint bases for rehabilitation case closure should be more common than they now are. Finally, there is an evident need for a specialized center for the homebound (as there already is for the deaf-blind) to diagnose and treat homebound persons with especially difficult and complicated problems. Such a center could well enhance the already favorable OVR "success" record with this client group and explore new and improved means of serving them.

XI. RECOMMENDATIONS

In view of the findings of this Study, it is recommended that:

1. A national policy should be established which encourages state rehabilitation agencies to establish and expand differentiated vocational rehabilitation services for homebound persons.

2. In consideration of the fact that the New York State OVR Program is a well-established time-tested model for such differentiated services other state rehabilitation agencies should use the OVR experience as a point of departure for their own programs, modifying the model in accordance with local conditions and needs.

3. Since the New York State OVR model is rooted in urban and related communities, its applicability to small towns and rural areas is unknown. Consequently, additional research and demonstration is needed to explore program possibilities for such areas.

4. The proven effectiveness of the New York State OVR model has led to its crystallization as a viable ongoing program that now has attained considerable stability. Since this pioneering effort has achieved a maturity born of more than a generation of proven experience, it may be timely to re-evaluate it and to restructure selected elements in accordance with current research and demonstration findings.

5. Constructive assistance should be offered to state rehabilitation agencies desiring to initiate efforts to strengthen their services to homebound persons. When a National Center for the Homebound is established, a good deal of such assistance will emanate from it. Until such time, however, as the Center is established, the following provision should be made for support services to state rehabilitation agency programs in this area:

a. Staff training facilities should be set up by the Programmatic Research Project of Federation of the Handicapped and the New York State OVR which can prepare skillful homebound rehabilitation specialists who are capable of mounting, supervising, and administering state rehabilitation programs for this client group.

b. Priority should be given to innovation and other types of grant applications submitted by official and voluntary agencies which propose to organize and sustain homebound rehabilitation programs.

c. An extensive technical assistance effort should be developed to provide direct face-to-face consultation to state agencies which are in the process of planning new and expanded homebound rehabilitation services.

d. New York State OVR and the Programmatic Research Project should jointly develop a "how-to-do-it" manual that can guide both public and private agencies in serving the homebound.

6. Further research and demonstration efforts are needed in such problem areas as:

a. Broadening the range of occupations available to homebound persons.

b. Devising new and improved means of transporting clients to rehabilitation and employment facilities on a day-to-day basis.

c. Improving the consistency and level of income of industrial and clerical homework.

d. Shortening the period of unemployment and consequent debilitation of homebound persons subsequent to the onset of the condition that precipitates homeboundedness.

e. Preventing the deleterious effects of the homebound status by preventing homeboundedness, insofar as possible, and by enriching the life experiences of homebound persons.

f. Assessing alternatives to the homebound condition, such as sheltered residences and communities for the homebound and special housing for the families of homebound persons adjacent to rehabilitation and employment facilities.

XII. REFERENCES

FEDERATION OF THE HANDICAPPED. Annual Progress Reports of the Programmatic Research Project on the Rehabilitation of the Homebound, 1968, 1969, 1970 and 1971.

RUSALEM, Herbert. Penetrating the Narrowing Circle: A Review of the Literature Concerning the Vocational Rehabilitation of Homebound Persons. Rehabilitation Literature, 1967,1968.

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XIII, APPENDIX
TABLE 1
SEX

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
TOTAL GROUP								
MALE	64	55.7	42	45.1	62	44.3	168	48.3
FEMALE	51	44.3	51	54.8	78	55.7	180	51.7
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0
AMPUTEES								
MALE	41	95.3	38	49.4	22	56.4	101	63.5
FEMALE	2	4.7	39	50.6	17	43.6	58	36.5
TOTAL	43	100.0	77	100.0	39	100.0	159	100.0
NON-AMPUTEES								
MALE	23	31.9	4	25.0	40	39.6	67	35.4
FEMALE	49	68.1	12	75.0	61	60.4	122	64.6
TOTAL	72	100.0	16	100.0	101	100.0	189	100.0

TABLE 2
AGE

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
-	N	%	N	%	N	%	N	%
80-89	2	1.7	2	2.2	1	0.7	5	1.4
70-79	14	12.2	17	18.3	11	7.9	42	12.1
60-69	35	30.4	39	41.9	34	24.3	108	31.0
50-59	31	27.0	24	25.8	40	28.6	95	27.3
40-49	13	11.3	9	9.7	26	18.6	48	13.8
30-39	9	7.8	2	2.2	20	14.3	31	8.9
20-29	11	9.6	0	0.0	5	3.6	16	4.6
10-19	0	0.0	0	0.0	3	2.1	3	0.9
TOTAL	115	100.0	93	100.1	140	100.1	348	100.0

RANGE	21-80	33-83	18-80	18-83
MEAN	54.7	61.1	51.9	55.3
S.D.	14.5	9.5	13.9	13.6
MEDIAN	56.5	61.1	53.0	57.1
Q.	8.8	6.9	10.3	8.6

TEST OF SIGNIFICANCE

REHAB VS. HOMEMAKER	REHAB VS. NON-REHAB	HOMEMAKER VS. NON-REHAB
t = 4.0	1.6	5.75
df = 253	255	233
p $<$ .01	N.S.	$<$ .01

TABLE 3
REFERRAL SOURCES

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
HOSPITAL	36	31.3	58	62.4	49	35.0	143	41.1
SELF	32	27.8	4	4.3	43	30.7	79	22.7
VOLUNTARY COMMUNITY AGENCY	19	16.5	5	5.4	23	16.4	47	13.5
PROSTHETIC APPLICANCE DEALER	3	2.6	17	18.3	4	2.9	24	6.9
FAMILY AND FRIENDS	8	7.0	2	2.2	12	8.6	22	6.3
OTHER PUBLIC FUNDS	7	6.1	1	1.1	5	3.6	13	3.7
OTHERS INCLUDING DOCTORS	2	1.7	3	3.2	3	2.1	8	2.3
EDUCATIONAL INSTITUTION	0	0.0	0	0.0	1	0.7	1	0.3
NO INFORMATION	8	7.0	3	3.2	0	0.0	11	3.2
TOTAL	115	100.0	93	100.1	140	100.0	348	100.0

TABLE 4
MARITAL STATUS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
MARRIED	63	54.8	47	50.5	65	46.4	175	50.3
NEVER MARRIED	26	22.6	12	12.9	28	20.0	66	18.5
WIDOWED	13	11.3	24	25.8	27	19.3	64	17.9
SEPARATED	8	7.0	8	8.6	14	10.0	30	8.6
DIVORCED	5	4.3	2	2.2	5	3.6	12	3.4
NOT INDICATED	0	0.0	0	0.0	1	0.7	1	0.3
TOTAL	115	100.0	93	100.0	140	100.0	348	99.0

TABLE 5

RELATIONSHIP OF THOSE IN HOUSEHOLD TO CLIENT

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
SPOUSE	30	26.1	28	30.1	25	17.9	83	23.9
SPOUSE AND CHILDREN	28	24.4	17	18.3	38	27.1	83	23.9
LIVING ALONE	20	17.4	24	25.8	29	20.6	73	21.0
CHILDREN	10	8.7	14	15.1	15	10.7	39	11.2
PARENTS	14	12.2	1	1.1	7	5.0	22	6.3
SIBLINGS	3	2.6	5	5.4	6	4.3	14	4.0
PARENTS AND SIBLINGS	2	1.7	0	0.0	7	5.0	9	2.6
OTHER RELATIVES	4	3.5	2	2.2	2	1.4	8	2.3
NON-RELATED PERSONS	4	3.5	2	2.2	1	0.7	7	2.0
PARENTS AND CHILDREN	0	0.0	0	0.0	2	1.4	2	0.6
NOT SPECIFIED	0	0.0	0	0.0	8	5.7	8	2.3
TOTAL	115	100.1	93	100.2	140	99.8	348	100.1

TABLE 6

YEARS OF EDUCATION

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
19	1	0.9	0	0.0	0	0.0	1	0.3
18	0	0.0	0	0.0	0	0.0	0	0.0
17	0	0.0	0	0.0	0	0.0	0	0.0
16	3	2.6	2	2.2	3	2.1	8	2.3
15	0	0.0	1	1.1	1	0.7	2	0.6
14	2	1.7	1	1.1	3	2.1	6	1.7
13	2	1.7	2	2.2	1	0.7	5	1.4
12	23	20.0	12	12.9	32	22.9	67	19.3
11	5	4.3	3	3.2	11	7.9	19	5.5
10	15	13.0	5	5.4	12	8.6	32	9.2
9	6	5.2	9	9.7	14	10.0	29	8.3
8	31	27.0	22	23.7	27	19.3	80	23.0
7	5	4.3	5	5.4	7	5.0	17	4.9
6	8	7.0	4	4.3	6	4.3	18	5.2
5	6	5.2	6	6.5	5	3.6	17	4.9
4	4	3.5	7	7.5	6	4.3	17	4.9
3	0	0.0	6	6.5	1	0.7	7	2.0
2	2	1.7	2	2.2	1	0.7	5	1.4
1	0	0.0	1	1.1	0	0.0	1	0.3
NOT SPECIFIED	0	0.0	2	2.2	10	7.1	12	3.4
TOTAL	115	99.9	93	99.9	140	100.0	348	100.0

MEAN	9.0	7.8	9.4	8.6
S.D.	3.2	3.6	2.8	3.5
MEDIAN	7.9	7.5	8.9	8.2
Q.	2.0	2.5	1.0	2.1

TEST OF SIGNIFICANCE

REHAB VS. HOMEMAKER	REHAB VS. NON-REHAB.	HOMEMAKER VS. NON-REHAB.
t = 2.55	1.08	3.26
df= 206	253	231
p <.05	N.S.	<.01

TABLE 7

PRIMARY SOURCE OF SUPPORT AT INTAKE

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
FAMILY AND FRIENDS	49	42.6	41	44.1	43	30.7	133	38.2
S.S.D.I.	18	15.7	16	17.2	38	27.1	72	20.7
OTHER DISABILITY INSURANCE AGE RETIREMENT BENEFITS, UNEMPLOYMENT INSURANCE	25	21.7	20	21.5	26	18.6	71	20.4
PRIVATE DISABILITY INSURANCE, SAVINGS	6	5.2	7	7.5	8	5.7	21	6.0
PUBLIC ASSISTANCE	4	3.5	3	3.2	14	10.0	21	6.0
ANNUITY	5	4.3	5	5.4	0	0.0	10	2.9
EARNINGS, DIVIDENDS, RENT	7	6.1	0	0.0	1	0.7	8	2.3
WORKMEN'S COMPENSATION	1	0.9	0	0.0	0	0.0	1	0.3
NOT SPECIFIED	0	0.0	1	1.1	10	7.1	11	3.2
TOTAL	115	100.0	93	100.0	140	99.9	348	100.0

TEST OF SIGNIFICANCE

$X^2 = 24.3$ df = 8 p = .01

TABLE 8
EARNING SALARY AT INTAKE*

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
YES	8	7.0	1	1.1	1	0.7	10	2.9
NO	107	93.0	92	98.9	139	99.3	338	97.1
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

*NOT NECESSARILY PRIMARY SOURCE OF SUPPORT, BUT WERE WORKING.

TABLE 9

LAST YEAR EMPLOYED

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
PRIOR TO 1940	4	3.5	2	2.2	5	3.6	11	3.1
BETWEEN 1940 and 1949	3	2.6	2	2.2	9	6.4	14	4.0
1950	0	0.0	0	0.0	1	0.7	1	0.3
1951	3	2.6	1	1.1	2	1.4	6	1.7
1952	2	1.7	2	2.2	0	0.0	4	1.1
1953	0	0.0	2	2.2	1	0.7	3	0.9
1954	1	0.9	1	1.1	3	2.1	5	1.4
1955	1	0.9	0	0.0	3	2.1	4	1.1
1956	3	2.6	1	1.1	1	0.7	5	1.4
1957	0	0.0	2	2.2	3	2.1	5	1.4
1958	6	5.2	0	0.0	7	5.0	13	3.7
1959	3	2.6	4	4.3	3	2.1	10	2.9
1960	7	6.1	2	2.2	4	2.9	13	3.7
1961	3	2.6	4	4.3	9	6.4	16	4.6
1962	11	9.6	7	7.5	11	7.9	29	8.3
1963	6	5.2	7	7.5	17	12.1	30	8.6
1964	16	13.9	14	15.1	12	8.6	42	12.1
1965	20	17.4	18	19.4	8	5.7	46	13.2
1966	11	9.6	5	5.4	8	5.7	24	6.9
1967	1	0.9	0	0.0	0	0.0	1	0.3
NO WORK EXPERIENCE	9	7.8	19	20.4	15	10.7	43	12.3
NOT SPECIFIED	5	4.9	0	0.0	18	12.9	23	6.6
TOTAL	115	100.6	93	100.4	140	99.8	348	99.6
	NUMBER OF YEARS SINCE LAST EMPLOYMENT							
x +	9.2		8.6		10.9		9.8	
S.D.	6.4		7.3		6.8		7.1	

TABLE 10
OCCUPATIONAL AREA OF MOST RECENTLY HELD JOB

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
CLERICAL/SALE	31	27.0	13	14.0	38	27.1	82	23.6
SERVICE	17	14.8	32	34.4	20	14.3	69	19.8
SEMI-SKILLED	22	19.1	10	10.8	11	7.9	43	12.4
SKILLED	7	6.1	7	7.5	21	15.0	35	10.1
UNSKILLED	11	9.6	5	5.4	18	12.9	34	9.8
PROFESSIONAL & MANAGERIAL	9	7.8	3	3.2	7	5.0	19	5.5
HOMEBOUND WORK UNSKILLED	6	5.2	0	0.0	0	0.0	6	1.7
SHELTERED SHOP UNSKILLED	1	0.9	1	1.1	0	0.0	2	0.6
NOT INDICATED	2	1.7	3	3.2	10	7.1	15	4.3
NO WORK EXPERIENCE	9	7.8	19	20.4	15	10.7	43	12.4
TOTAL	115	100.0	93	100.0	140	100.0	348	100.2

TABLE 11
NUMBER OF JOBS PREVIOUSLY HELD

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
7	1	0.9	0	0.0	0	0.0	1	0.3
6	1	0.9	1	1.1	0	0.0	2	0.6
5	5	4.3	6	6.5	1	0.7	12	3.4
4	5	4.3	2	2.2	10	7.1	17	4.9
3	18	15.7	5	5.4	15	10.7	38	10.9
2	21	18.3	13	14.0	24	17.1	58	16.7
1	22	19.1	15	16.1	35	25.0	72	20.7
COULDN'T RECALL & NOT SPECIFIED	33	28.7	32	34.4	40	28.6	105	30.2
NEVER WORKED	9	7.8	19	20.4	15	10.7	43	12.4
TOTAL	115	100.0	93	100.1	140	99.9	348	100.1
MEAN		2.4		2.4		2.0		2.2
S.D.		1.4		1.5		1.1		1.3
MEDIAN		1.7		1.5		1.3		2.0
Q.		0.9		1.0		0.9		2.0

TABLE 12
INCIDENCE OF A HISTORY OF STABLE EMPLOYMENT

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
STABLE	67	58.3	55	59.1	76	54.3	198	56.9
SPOTTY	21	18.3	9	9.7	0	0.0	30	8.6
UNSTABLE	6	5.2	1	1.1	8	5.7	15	4.3
NOT ENOUGH INFORMATION	12	10.4	9	9.7	41	29.3	62	17.8
NEVER WORKED	9	7.8	19	20.4	15	10.7	43	12.3
TOTAL	115	100.0	93	100.0	140	100.0	348	99.9

NOTE: A clear work history record was obtained for 243 clients, of which 198 (81.5%) had a stable record of employment.

TABLE 13
ABILITY TO USE PUBLIC TRANSPORTATION

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
NO	114	99.1	90	96.8	133	95.0	337	96.8
YES, WITH LIMITS	1	0.9	2	2.1	5	3.6	8	2.3
NOT CLEARLY STATED	0	0.0	1	1.1	2	1.4	3	0.9
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

TABLE 14
AGE AT WHICH MAJOR HANDICAP HAD BEEN ACQUIRED

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
70-79	3	2.6	6	6.4	18	12.8	27	7.8
60-69	15	13.0	21	22.6	18	12.8	54	15.5
50-59	24	20.1	33	35.5	39	27.9	96	27.6
40-49	20	17.4	17	18.3	21	14.9	58	16.7
30-39	9	7.8	3	3.2	16	11.4	28	8.0
20-29	11	9.5	1	1.1	14	10.0	26	7.5
10-19	8	6.9	5	5.4	4	2.9	17	4.9
0-9	11	9.5	1	1.1	9	6.4	21	6.0
NOT SPECIFIED	14	12.2	6	6.4	1	0.7	21	6.0
TOTAL	115	100.0	93	100.0	140	99.8	348	100.0

MEAN	40.7	52.5	46.4	46.1
S.D.	19.9	14.6	19.0	18.9
MEDIAN	45.3	55.6	50.9	50.7
Q.	15.7	7.1	13.0	11.6

TEST OF SIGNIFICANCE

REHAB VS. HOMEMAKER	REHAB VS. NON-REHAB	HOMEMAKER VS. NON-REHAB
t = 4.6	2.2	2.6
df= 186	238	224
p $<$.001	$<$.02	$<$.01

TABLE 15

MAJOR HANDICAPPING CONDITIONS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
AMPUTATION	42	36.5	78	83.9	39	27.8	159	45.7
NEUROLOGICAL	33	28.6	8	8.6	47	33.5	88	25.3
ORTHOPEDIC	15	13.0	2	2.1	26	18.5	43	12.4
CARDIAC & CIRCULATORY	19	16.5	5	5.4	10	7.1	34	9.8
MUSCULAR-SKELETAL	1	0.9	0	0.0	6	4.3	7	2.0
EMOTIONAL	2	1.7	0.	0.0	3	2.1	5	1.4
RESPIRATORY	2	1.7	0	0.0	3	2.1	5	1.4
DIGESTIVE & GENITO-URINARY	1	0.9	0	0.0	3	2.1	4	1.1
OTHER	0	0.0	0	0.0	3	2.1	3	0.9
TOTAL	115	99.8	93	100.0	140	99.6	348	100.0

TABLE 16
ORIGINS OF MAJOR HANDICAPPING CONDITIONS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
SPECIFIED	98	85.2	92	98.9	107	76.4	297	85.3
UNSPECIFIED	17	14.8	1	1.1	33	23.6	51	14.7
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0
CARDIAC AND CIRCULATORY	28	28.6	27	29.3	35	32.7	90	30.3
DIABETES	24	24.5	46	50.0	14	13.1	84	28.3
TRAUMA	18	18.4	12	13.0	15	14.0	45	15.2
ARTHRITIS	4	4.1	1	1.1	15	14.0	20	6.7
M. S.	8	8.2	0	0.0	11	10.3	19	6.4
POLIO	9	9.2	0	0.0	5	4.7	16	5.4
TUMOR	3	3.1	4	4.3	7	6.5	14	4.7
CONGENITAL	4	4.1	2	2.2	5	4.7	9	3.0
TOTAL	98	100.2	92	99.9	107	100.0	297	100.0

TABLE 17
SECONDARY HANDICAPPING CONDITIONS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
DIABETES	24	20.9	48	51.6	11	7.9	83	23.9
CARDIAC AND CIRCULATORY	17	14.8	17	18.3	16	11.4	50	14.4
ORTHOPEDIC	15	13.0	4	4.3	9	6.4	28	8.1
VISUAL	4	3.5	4	4.3	5	3.6	13	3.7
EMOTIONAL	4	3.5	2	2.2	2	1.4	8	2.3
RESPIRATORY	1	0.9	0	0.0	6	4.3	7	2.0
NEUROLOGICAL	3	2.6	1	1.1	1	0.7	5	1.4
DIGESTIVE AND GENITO-URINARY	3	2.6	1	1.1	1	0.7	5	1.4
SPEECH	1	0.9	2	2.2	2	1.4	5	1.4
HEARING	2	1.7	0	0.0	1	0.7	3	0.9
EPILEPSY	0	0.0	0	0.0	3	2.1	3	0.9
AMPUTATION	1	0.9	0	0.0	1	0.7	2	0.6
OBESITY	1	0.9	1	1.1	0	0.0	2	0.6
MUSCULAR-SKELETAL	0	0.0	0	0.0	1	0.7	1	0.3
NONE	39	33.9	12	12.9	81	57.9	132	37.9
NOT SPECIFIED	0	0.0	1	1.1	0	0.0	1	0.3
TOTAL	115	100.1	93	100.2	140	99.9	348	100.1

TABLE 18

ORIGINS OF SECONDARY HANDICAPPING CONDITIONS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
SPECIFIED	59	51.3	72	77.4	42	30.0	173	49.7
NOT SPECIFIED	17	14.9	9	9.7	17	12.1	43	12.3
NONE	39	33.9	12	12.9	81	57.9	132	37.9
TOTAL	115	100.0	93	100.0	140	100.0	348	99.9
DIABETES	24	40.7	47	65.3	11	26.2	82	47.4
CARDIAC & CIRCULATORY	18	30.5	22	30.6	19	45.2	59	34.1
ARTHRITIS	6	10.2	2	2.8	4	9.5	12	6.9
TRAUMA	5	8.5	1	1.4	5	11.9	11	6.4
CONGENITAL	2	3.4	0	0.0	1	2.4	3	1.7
POLIO	2	3.4	0	0.0	0	0.0	2	1.2
M. S.	2	3.4	0	0.0	0	0.0	2	1.2
TUMOR	0	0.0	0	0.0	2	4.8	2	1.2
TOTAL	59	100.1	72	100.1	42	100.0	173	100.1

TABLE 19
OTHER HANDICAPPING CONDITIONS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
CARDIAC AND CIRCULATORY	11	9.5	9	9.7	4	2.9	24	6.9
VISUAL	5	4.3	9	9.7	2	1.4	16	4.6
DIGESTIVE & GENITO-URINARY	7	6.1	3	3.2	2	1.4	12	3.4
OBESITY	8	7.0	0	0.0	2	1.4	10	2.9
ORTHOPEDIC	4	3.5	1	1.1	2	1.4	7	2.0
DIABETES	3	2.6	2	2.2	1	0.7	6	1.7
RESPIRATORY	0	0.0	1	1.1	2	1.4	3	0.9
SPEECH	2	1.7	0	0.0	0	0.0	2	0.6
SKIN DISEASE	0	0.0	0	0.0	2	1.4	2	0.6
HEARING	0	0.0	2	2.2	0	0.0	2	0.6
EMOTIONAL	1	0.9	0	0.0	0	0.0	1	0.3
NEUROLOGICAL	0	0.0	1	1.1	0	0.0	1	0.3
MUSCULAR-SKELETAL	0	0.0	0	0.0	1	0.7	1	0.3
OTHER	1	0.9	4	4.3	1	0.7	6	1.7
NONE	73	63.8	61	65.6	121	86.4	255	73.3
TOTAL	115	100.3	93	100.4	140	99.8	348	100.1
NUMBER OF PERSONS HAVING A THIRD COMPLICATING CONDITION	42	36.5	32	34.4	19	13.6	93	26.7

TABLE 20
TYPES OF APPLIANCES USED

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
	(N=115)*		(N=93)*		(N=140)*		(N=348)	
WHEELCHAIR	38	33.0	38	40.9	54	38.6	130	37.4
CRUTCHES	38	33.0	38	40.9	11	7.9	87	25.0
GLASSES	31	27.0	17	18.3	3	2.1	51	14.7
PROSTHESIS	16	13.9	27	29.0	7	5.0	50	14.4
CANE	12	10.4	5	5.4	18	12.9	35	10.1
BRACE	16	13.9	0	0.0	5	3.6	21	6.0
WALKER	3	2.6	3	3.2	3	2.1	9	2.6
HEARING AID	1	0.9	0	0.0	0	0.0	1	0.3
OTHER	4	3.5	3	3.2	0	0.0	7	2.0
NOT SPECIFIED	21	18.3	11	11.8	39	27.9	71	20.4

TEST OF SIGNIFICANCE

$X^2 = 23.8$ df = 2 $p < .001$

*Some clients responded more than once.

TABLE 21

REASON FOR APPLICATION ON RE-APPLICATION

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
HOMEWORK	50	43.5	2	2.2	71	50.7	123	35.3
PROSTHESIS	32	27.8	76	81.7	15	10.7	123	35.3
VOCATIONAL COUNSELING & PLACEMENT	19	16.5	3	3.2	20	14.3	42	12.1
PROSTEHESIS & TRAINING	5	4.3	3	3.2	6	4.3	14	4.0
VOCATIONAL TRAINING	7	6.1	0	0.0	4	2.9	11	3.2
PROSTHESIS & HOMEWORK	1	0.9	3	3.2	5	3.6	9	2.6
PROSTHESIS & COUNSELING & PLACEMENT	1	0.9	4	4.3	4	2.9	9	2.6
UNKNOWN	0	0.0	2	2.2	15	10.7	17	4.9
TOTAL	115	100.0	93	100.0	140	100.1	348	100.0

TEST OF SIGNIFICANCE

HOMEWORK VS, PROSTHESIS ONLY

$X^2 = 110.3$ df = 2 p .01

TABLE 22

OUTCOME OF MOST RECENT VOCATIONAL REHABILITATION SERVICE

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
PREVIOUS SERVICE	30	26.1	24	25.7	19	13.5	73	21.1
FIRST CONTACT	85	73.9	69	74.2	121	86.4	275	79.0
TOTAL	115	100.0	93	99.9	140	99.9	348	100.1
REHABILITATED	22	73.3	23	95.8	6	31.6	51	69.9
NOT REHABILITATED	8	26.7	1	4.2	9	47.4	18	24.7
MIXED	0	0.0	0	0.0	3	15.8	3	4.1
NOT SPECIFIED	0	0.0	0	0.0	1	5.3	1	1.4
TOTAL	30	100.0	24	100.0	19	100.1	73	100.1

TABLE 23
ACCEPTED FOR SERVICE

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
YES	115	100.0	93	100.0	77	55.0	285	81.9
NO	0	0.0	0	0.0	63	45.0	63	18.1
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

REASONS FOR NON-ACCEPTANCE

	(N=63)	
DISABILITY TOO SEVERE	28	44.4
REFUSED SERVICE	21	33.3
CAN'T LOCATE	2	3.2
NOT DISABLED ENOUGH	1	1.6
OTHER	11	17.5
	63	100.0

TABLE 24
NUMBER OF MONTHS IN PRE-SERVICE*

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
49-52	0	0.0	0	0.0	1	0.7	1	0.3
45-48	0	0.0	0	0.0	0	0.0	0	0.0
41-44	0	0.0	0	0.0	0	0.0	0	0.0
37-40	0	0.0	0	0.0	0	0.0	0	0.0
33-36	0	0.0	0	0.0	0	0.0	0	0.0
29-32	0	0.0	0	0.0	1	0.7	1	0.3
25-28	0	0.0	0	0.0	1	0.7	1	0.3
21-24	1	0.9	0	0.0	1	0.7	2	0.6
17-20	0	0.0	0	0.0	4	2.9	4	1.1
13-16	2	1.7	0	0.0	4	2.9	6	1.7
9-12	1	0.9	1	1.1	9	6.4	11	3.1
5-8	4	3.5	1	1.1	7	5.0	12	3.4
1-4	24	20.9	9	9.8	33	23.6	66	19.0
NONE	83	72.2	82	88.2	79	56.4	244	70.2
TOTAL	115	100.1	93	100.2	140	100.0	348	100.0
MEAN	4.6		3.6		7.9		6.5	
S. D.	4.6		2.5		8.6		5.9	
MEDIAN	3.1		2.9		4.2		3.7	
Q.	1.3		1.2		1.8		1.5	

*Pre-Service: Composed of plan development and plan completion. In latter category, client remains in status until actual services begin.

TABLE 25

NUMBER OF MONTHS IN COUNSELING AND GUIDANCE

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
N	10		5		13		28	
MODE	3 mos.		-		2 mos.		2 mos.	
BI-MODAL	0		1 & 4 mos.		0		0	
RANGE	1-40		1-4		1-60		1-60	
MEAN	9.6		2.4		9.5		8.3	
S.D.	11.8		1.4		15.2		12.7	
MEDIAN	2.8		2.0		4.8		5.5	
Q.	7.0		1.8		2.8		2.5	

TABLE 26
MONTHS IN SERVICE

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
N =	115		93		30		238	
NONE/NO INFORMATION	---		--		110		110	
RANGE	1-49		1-54		1-67		1-67	
MEAN	8.3		7.7		13.0		8.7	
S.D.	9.5		8.3		14.5		9.9	
MEDIAN	4.9		5.0		10.5		5.7	
Q.	3.6		2.8		6.5		3.7	

TABLE 27
MONTHS ON AGENCY ROLLS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
81-90	0	0.0	0	0.0	1	0.7	1	0.3
71-80	1	0.9	0	0.0	1	0.7	2	0.6
61-70	0	0.0	0	0.0	2	1.4	2.	0.6
51-60	1	0.9	1	1.1	5	3.6	7	2.0
41-50	2	1.7	1	1.1	5	3.6	8	2.3
31-40	7	6.0	1	1.1	4	2.9	12	3.5
21-30	11	9.5	7	7.5	5	3.6	23	6.7
11-20	30	26.1	29	31.3	31	22.1	90	26.1
1-10	63	54.8	54	58.3	24	17.1	141	40.9
UNKNOWN	0	0.0	0	0.0	62	44.3	62	18.0
TOTAL	115	99.9	93	100.4	140	100.0	348	101.0

RANGE	3-73	2-60	2-90	2-90
MEAN	13.7	11.4	21.5	15.5
S.D.	11.3	9.2	19.0	13.8
MEDIAN	9.0	8.5	14.0	10.1
Q.	4.6	3.6	8.8	4.7

TEST OF SIGNIFICANCE

REHAB VS. HOMEMAKER	REHAB VS. NON-REHAB	HOMEMAKER VS. NON-REHAB
t = 1.58	3.6	4.5
df= 206	191	169
p N.S.	<.001	<.001

TABLE 28
RECEIVED DIAGNOSTIC SERVICES

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
YES	109	94.7	68	73.1	34	24.3	211	60.1
NO	6	5.2	25	26.9	103	73.6	134	38.5
NOT SPECIFIED	0	0.0	0	0.0	3	2.1	3	0.9
TOTAL	115	99.9	93	100.0	140	100.0	348	99.5

TYPE OF FACILITY USED

REHABILITATION CENTER	81	74.3	30	44.1	15	44.1	126	59.7
OTHER	28	25.7	38	55.9	19	55.9	85	40.3
TOTAL	109	100.0	68	100.0	34	100.0	211	100.0

TEST OF SIGNIFICANCE

$X^2 = 135.8$ df = 2 p .001

TABLE 29

RECEIVED PHYSICAL RESTORATION

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
YES	62	53.9	89	95.7	20	14.2	171	49.1
NO	53	46.1	4	4.3	120	85.7	177	50.9
TOTAL	115	100.0	93	100.0	140	99.9	348	100.0

TYPE OF FACILITY USED

REHABILITATION CENTER	11	17.7	74	83.1	5	25.0	31	18.1
OTHER	51	82.3	15	16.9	15	75.0	140	81.9
TOTAL	62	100.0	89	100.0	20	100.0	171	100.0

TEST OF SIGNIFICANCE

$x^2 = 150.7$ df = 2 $p < .001$

TABLE 30
RECEIVED TRAINING AND MATERIALS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
YES	86	74.7	17	18.3	18	12.8	121	34.8
NO	29	25.1	76	81.7	122	87.1	227	65.2
TOTAL	115	99.8	93	100.0	140	99.9	348	100.0

TYPE OF FACILITY USED

REHABILITATION CENTER	72	83.7	10	58.8	10	55.6	92	76.0
OTHER	14	16.3	7	41.2	8	44.4	29	24.0
TOTAL	86	100.0	17	100.0	18	100.0	121	100.0

TEST OF SIGNIFICANCE

$X^2 = 120.9$ df = 2 p .001

TABLE 31
PLACE OF TRAINING

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
	(N=86)		(N=17)		(N-18)		(N=121)	
FEDERATION	42	48.8	3	17.6	7	38.9	52	43.0
F. E. G.S.	11	12.8	2	11.8	3	16.7	16	13.2
EDUCATIONAL INSTITUTION	11	12.8	2	11.8	1	5.6	14	11.6
PHYSICAL TRAINING(REHAB CENTER)-UN-SPECIFIED	1	1.2	7	41.2	5	27.8	13	10.7
B. B. C. S.	8	9.3	1	5.9	0	0.0	9	7.4
ABILITIES, OTHER AGENCIES	4	4.7	2	11.8	0	0.0	6	4.9
ON-THE-JOB TRAINING,UN-SPECIFIED	2	2.3	0	0.0	1	5.6	3	2.5

TABLE 32

THOSE TRAINED WHO RECEIVED MAINTENANCE AND TRANSPORTATION

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
YES	40	34.8	37	39.8	15	10.7	92	36.4
NO	75	65.2	56	60.2	125	89.3	256	73.6
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

TABLE 33

TOTAL COSTS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
SPECIFIED	114	99.1	93	100.0	76	54.3	283	81.3
NOT SPECIFIED	1	0.9	0	0.0	64	45.7	65	18.7
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

N =	114	93	76	283
RANGE	34-4380	15-2985	10-3675	10-4380
MEAN	870.4	615.0	281.9	628.4
S.D.	591.3	445.2	492.7	585.3
MEDIAN	814.8	517.5	80.0	547.8
Q.	177.5	163.8	166.5	294.9

TEST OF SIGNIFICANCE

REHAB VS. NON-REHAB	REHAB VS. HOMEMAKER	HOMEMAKER VS. NON-REHAB
t = 7.1	3.4	4.6
df= 188	205	167
p $<$.001	$<$.001	$<$.001

TEST OF MEDIANS - CHI SQUARE

X^2	57.0	31.4	46.1
df =	1	1	1
p	$<$.001	$<$.001	$<$.001

TABLE 34
COST OF DIAGNOSTIC SERVICES DURING REFERRAL

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
126-150	0	0.0	0	0.0	1	0.7	1	0.3
101-125	0	0.0	0	0.0	0	0.0	0	0.0
76-100	1	0.9	0	0.0	4	2.9	5	1.4
51-75	6	5.2	2	2.2	2	1.4	10	2.9
26-50	16	13.9	10	10.8	15	10.1	41	11.5
1-25	22	19.1	5	5.4	31	22.1	58	16.2
0	70	60.9	76	81.7	87	62.1	233	67.0
TOTAL	115	99.0	93	100.0	140	99.3	348	99.3

MEAN	$29.7	$33.3	$29.4	$30.6
S. D.	19.6	15.3	25.3	22.6
MEDIAN	26.3	34.3	21.8	25.3
Q.	12.6	12.5	12.6	12.6

TABLE 35
DIAGNOSTIC COSTS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
SPECIFIED	109	94.8	68	73.1	70	50.0	247	71.0
NOT SPECIFIED	6	5.2	25	26.9	70	50.0	101	29.0
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

N=	109	68	70	247
MODE		40	10	10
BI-MODAL	215-230			
RANGE	5-455	5-370	5-353	5-455
MEAN	192.0	81.7	67.2	126.3
S.D.	121.7	94.8	78.9	118.7
MEDIAN	219.3	45.0	32.0	65.0
Q.	110.0	30.7	28.3	105.0

TEST OF SIGNIFICANCE

	REHAB VS. HOMEMAKER	REHAB VS. NON-REHAB	HOMEMAKER VS. NON-REHAB
t =	6.3	7.6	.97
df=	175	177	136.
p	.001	.001	N.S.

TEST OF MEDIANS - CHI-SQUARE

X^2	35.6	38.7	1.8
df =	1	1	1
p	.001	.001	N.S.

TABLE 36
PHYSICAL RESTORATION COSTS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
SPECIFIED	61	53.0	88	94.6	20	14.3	169	48.5
NOT SPEICIFIED								
- NONE	54	47.0	5	5.4	120	85.7	179	51.5
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

N =	61	88	20	169
RANGE	4-5449	15-5096	17-3523	4-5.49
MEAN	421.0	545.6	609.3	508.2
S.D.	726.8	577.8	773.3	656.8
MEDIAN	338.5	458.8	445.0	435.0
Q.	239.2	97.1	245.0	185.5

TABLE OF SIGNIFICANCE

	REHAB VS. HOMEMAKER	REHAB VS. NON-REHAB	HOMEMAKER VS. NON-REHAB
t =	1.2	.11	.41
df=	147	79	106
p	N.S.	N.S.	N.S.

TABLE 37
TRAINING COSTS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
RECEIVED TRAINING	86	74.8	17	18.3	18	12.9	121	34.8
NONE/NOT SPECIFIED	29	25.2	76	81.7	122	87.1	227	65.2
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

N =	86	17	18	121
MODE	600	108		600
BI-MODAL			72 & 200	
RANGE	49-4276	18-623	42-600	18-4276
MEAN	583.7	197.4	202.1	472.6
S.D.	489.6	165.8	130.6	452.5
MEDIAN	599.2	134.3	189.0	390.3
Q.	124.9	46.3	69.0	200.0

TEST OF SIGNIFICANCE

	REHAB VS. HOMEMAKER	REHAB VS. NON-REHAB	HOMEMAKER VS. NON-REHAB
t =	3.2	3.3	.10
df=	101	102	33
p	$<.001$	$<.01$	N.S.

TEST OF MEDIANS - CHI-SQUARE

X^2	14.3	18.9	.71
df=	1	1	1
p	$<.001$	$<.001$	N.S.

TABLE 38
MAINTENANCE AND TRANSPORTATION COSTS

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
SPECIFIED	41	45.7	35	37.6	15	10.7	91	26.2
NOT SPECIFIED	74	64.3	58	62.4	125	89.3	257	73.8
TOTAL	115	100.0	93	100.0	140	100.0	348	100.0

N -	41	35	15	91
RANGE	7-1212	8-465	6-129	6-1212
MEAN	154.0	101.6	52.9	117.2
S.D.	307.2	120.6	45.1	220.3
MEDIAN	34.8	39.8	37.5	39.7
Q.	56.7	40.7	46.2	47.0

TABLE 39
BENEFITS RECEIVED

ITEM	REHAB		HOMEMAKER		NON-REHAB		TOTAL	
	N	%	N	%	N	%	N	%
YES	56	48.7	38	40.9			94	45.2
NO	59	51.3	55	59.1			114	54.8
TOTAL	115	100.0	93	100.0			208	100.0

	TYPE OF BENEFIT							
	(N=56)		(N=38)				(N=94)	
ECONOMIC IMPROVEMENT	53	94.6	25	65.8			78	83.0
PHYSICAL ADAPTATION	32	57.1	35	92.1			67	71.3
PERSONAL ADJUSTMENT	19	33.9	10	26.3			29	30.9
EDUCATIONAL DEVELOPMENT	12	21.4	2	5.3			14	14.9
COMMUNICATION	1	1.8	1	2.6			2	2.1